

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100370

1. Corporation Name

FASHION BUG #3248, INC.

Principal Place of Business

CROSS COUNTY MALL SHOPPING CENTER
OKEECHOBEE RD & MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address

CROSS COUNTY MALL SHOPPING CENTER
OKEECHOBEE RD & MILITARY TRAIL
WEST PALM BEACH FL 33409

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1998

5. FEI Number

23-3006797

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LIEBERMAN, KATHLEEN H	315 STONEY BROOK RD	NEWTOWN PA 18940
D	BERN, DORRIT J	100 LOIS LANE	BARRINGTON IL 60010
D	SPECTER, ERIC M	1426 GENTLEMAN'S WAY	DRESHER PA 19025
D	GOLDBERG, JON A	53 WOOD THRUSH TRAIL WEST	MEDFORD NJ 08055
D	GRAUB, JONATHON	19 COOPER BEACH DRIVE	LAFAYETTE HILLS PA 19444
V P	JOHN J. SULLIVAN	496 INDIAN ROCK DR	Springfield PA 19064

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

100003104931--4

Street Address (P.O. Box Number is Not Acceptable)

****750.00 ****750.00

Suite, Apt. #, Etc.

000003104950--5

City

-01/20/00-01103-001

****150.00 ****150.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Margaret E. Routzahn

MARGARET E. ROUTZAHN

Date

12-21-99

REGISTERED AGENT MUST SIGN Special Assistant Secretary

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. SULLIVAN

NOV 19 1999 (215) 633-4624

Date

Daytime Phone #