

\$300.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED - SECRETARY OF STATE DIVISION OF CORPORATIONS 02 JAN -8 PM 4:02	
DOCUMENT # <u>999000071337</u>					
1. Corporation Name <u>Fashion Bug #3356, Inc.</u>					
2. Principal Office Address Place of Bus. <u>4429 Commons Drive E.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>3750 State Road</u> Suite, Apt. #, etc. <u>7B 13</u>			
City & State <u>Destin FL</u>		City & State <u>Bensalem PA</u>			
Zip <u>32541</u>	Country	Zip <u>19020</u>	Country <u>Bucks</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>8-11-99</u>	
				5. FEI Number <u>23-3031011</u>	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>CT Corporation System</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u>					
Suite, Apt. #, Etc.					
City <u>Plantation</u>				State <u>FL</u>	Zip Code <u>33324</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <u>Barbara A. Burke</u> BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY Date <u>7-9-01</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pres	<u>Dorrit Bern</u>	<u>450 Winks Lane</u>		<u>Bensalem PA 19020</u>	
V-Pres	<u>John Sullivan</u>	<u>450 Winks Lane</u>		<u>Bensalem PA 19020</u>	
VP/sec	<u>Eric Speaker</u>	<u>450 Winks Lane</u>		<u>Bensalem PA 19020</u>	
Treas	<u>Dorrit Bern</u>	<u>450 Winks Lane</u>		<u>Bensalem PA 19020</u>	
Dir.					
10. 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: <u>John Sullivan</u> <u>6/26/01</u> <u>(215)633-4883</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (9/00)