

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

90000

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG -9 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA9000076453**

1. Corporation Name

Fashion Bug #3282, Inc.

2. Principal Office Address

Northridge Shopping Plz

Suite, Apt. #, etc.

E. Commercial Blvd.

City & State

Oakland Park FL

Zip

33334

Country

3. Mailing Office Address

3750 State Road

Suite, Apt. #, etc.

7813

City & State

Bensalem PA

Zip

19020

Country

Bucks

4. Date Incorporated or Qualified
To Do Business in Florida

8-26-99

5. FEI Number

23-3075838

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

PETER F. SOUZA
ASSISTANT SECRETARY

Date

7/27/01

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	Dorrit Bern	450 Winks Lane	Bensalem PA 19020
V-Pres	John Sullivan	450 Winks Lane	Bensalem PA 19020
VP/Sec	Eric Specter	450 Winks Lane	Bensalem PA 19020
Treas	Dorrit Bern	450 Winks Lane	Bensalem PA 19020
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Sullivan

Date

Daytime Phone #

7/12/01 (215) 633-4883

CR2E081 (9/00)