

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000095198

1. Corporation Name

FASHION BUG #3389, INC.

Principal Place of Business

MELBOURNE VILLAGE SHOPPING CENTER
WICKHAM RD. AND EAU GAILLE RD.
MELBOURNE FL 32901

Mailing Address

MELBOURNE VILLAGE SHOPPING CENTER
WICKHAM RD. AND EAU GAILLE RD.
MELBOURNE FL 32901

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1999

5. FEI Number

23-3031006

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BERN, DORRIT J	450 WINKS LN.	BENSALEM PA 19020
D	GOLDBERG, JON A	450 WINKS LN.	BENSALEM PA 19020
D	LIEBERMAN, KATHLEEN H	450 WINKS LN.	BENSALEM PA 19020
D	GRAUB, JONATHON	450 WINKS LN.	BENSALEM PA 19020
D	SPECTER, ERIC M	450 WINKS LN.	BENSALEM PA 19020
			LS

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

5000003463875

11/15/00 - 01032 - 022

****750.00 ****750.00

State Zip Code

FL

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 AgentMargaret E. Nautsch
REGISTERED AGENT MUST SIGNMargaret E. Nautsch
Asst. Secy.

Date 11/2/00

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:

Kathleen H. Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/00