

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Amended
FILED

01 AUG -9 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA99000095798

1. Corporation Name

Fashion Bug #3389, Inc.

2. Principal Office Address

1270 North Wickham Rd.

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32935

Country

3. Mailing Office Address

3750 State Road

Suite, Apt. #, etc.

City & State

Bensalem PA

Zip

19020

Country

Bucks

4. Date Incorporated or Qualified
To Do Business in Florida

10-28-99

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. Name and Address of Current Registered Agent

Name

CT Corporation System

700004538727-4

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

1200 South Pine Island Road

-08/16/01--01073--006

6622.50 **6.25

Suite, Apt. #, Etc.

700004538727-4

-08/16/01--01073--007

*****87.50 *****8.75

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

[Signature]

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	<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 Speake</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	<u>Dorrit Bern</u>	<u>450 Winks Lane</u>	<u>Bensalem PA 19020</u>

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

7/12/01 (215)633-4883

Daytime Phone #