

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S15527

1. Corporation Name

David's Bridal Wearhouse, Inc.

Principal Place of Business

1515 E. Las Olas Blvd.
Ft. Lauderdale, FL
33301

Mailing Address

1515 E. Las Olas Blvd.
Ft. Lauderdale, Florida
33301

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

8/21/91

5. FEI Number

65-0214563

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
Director	Philip Youtie	1515 E. Las Olas Blvd.	Fort Lauderdale, FL 33301
Director	Steven Erlbaum	1515 E. Las Olas Blvd.	Fort Lauderdale, FL 33301
Director	Kenneth Bogdanoff	1515 E. Las Olas Blvd.	Fort Lauderdale, FL 33301
chairman	Philip Youtie	1515 E. Las Olas Blvd.	Fort Lauderdale, FL 33301
President	Kenneth Bogdanoff	1515 E. Las Olas Blvd.	Fort Lauderdale, FL 33301
Secretary & Treasurer	Steven Erlbaum	1515 E. Las Olas Blvd.	Fort Lauderdale, FL 33301

8. Name and Address of Current Registered Agent

Philip Youtie
1515 E. Las Olas Blvd.
Ft. Lauderdale, FL 33301

9. Name and Address of New Registered Agent

Name

C T Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN

REGISTERED AGENT MUST SIGN

SPECIAL ASSISTANT SECRETARY

Date

7/28/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Steven Erlbaum - Secretary

Date

7/25/97

Daytime Phone #

FILED
97 JUL 29 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

94-97

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07/30/97 01096-003
****750.00 Date ****750.00

CR2E040 (12/96)