

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

04 NOV 23 PM 5:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



DOCUMENT # F95000002532					
1. Entity Name <b>BEBE STORES, INC.</b>					
Principal Place of Business <b>400 VALLEY DRIVE BRISBANE, CA 94005</b>			Mailing Address <b>400 VALLEY DRIVE BRISBANE, CA 94005</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		11172004 REIN-P CR2E098 (6/04)	
Zip		Country		4. FEI Number <b>94-2450490</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CHAIRMAN MASHOUF, MANNY</b> <input type="checkbox"/> Delete <b>400 VALLEY DRIVE BRISBANE, CA 94005</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO WALTER PARKS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>400 VALLEY DRIVE BRISBANE, CA 94005</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FREDERICO, CORRADO</b> <input type="checkbox"/> Delete <b>400 VALLEY DRIVE BRISBANE, CA 94005</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO GREG SCOTT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>400 VALLEY DRIVE BRISBANE, CA 94005</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO KYEES, JOHN</b> <input checked="" type="checkbox"/> Delete <b>1085 ROLLINS RD APT 302 BURLINGAME, CA 94010</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000042954810</b> <b>11/23/04--01023--019 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BASS, BARBARA</b> <input type="checkbox"/> Delete <b>2310 HYDE ST SAN FRANCISCO, CA 94109</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JAFFE, ROBERT</b> <input type="checkbox"/> Delete <b>4370 LA JOLLA VILLAGE DR #1040 SAN DIEGO, CA 92122</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WARDLOW, DANIEL</b> <input type="checkbox"/> Delete <b>1600 HOLLOWAY AVE. SAN FRANCISCO, CA 94132</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Walter Parks</u>			Date: <u>11-17-04</u> Daytime Phone #: <u>(415) 715-3900</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					