

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



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

98 AR

FILED

98 DEC 14 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000016629

1. Corporation Name

FABS BEACHWEAR, INC.

Principal Place of Business

Mailing Address

2236 COUNTY HIGHWAY 30-A
SUITE 7
SEASIDE FL 32459

2236 COUNTY HIGHWAY 30-A
SUITE 7
SEASIDE FL 32459



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/22/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 4783

5. FEI Number

58-2221775

Applied For

Not Applicable

City & State

City & State

SANTA ROSA BEACH, FL

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

32459

U.S.A.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
ST	STEVENSON, PHILIP S	23 TRAE LANE	SANTA ROSA BEACH FL 32459
P	STEVENSON, ELIZABETH	23 TRAE LANE	SANTA ROSA BEACH FL 32459

700002720817--5
-12/23/98-01049-014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBINSON, CRAIG S
1184-D CIRCLE DRIVE
DEFUNIAK SPRINGS FL 32435

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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: *Craig S. Robinson* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date: 12-10-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Philip S. Stevenson* **SIGNATURE REQUIRED** 11/17/98 (404) 888-3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PHILIP S. STEVENSON

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P.O. Box 4783
Santa Rosa Beach, Florida 32459

December 2, 1998

The Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

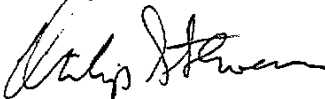
**Re: FABS Beachwear, Inc.
Application for Reinstatement #P96000016629**

Gentlemen:

Enclosed please find a signed Application for Reinstatement for FABS Beachwear, Inc. To the best of my knowledge, we never received a request for Annual Report or second notice. After advising one of your examiners of these circumstances in a telephone conversation today, I was advised that a normal annual filing fee of \$150 would be acceptable, since we had never received the request in the first place.

As a struggling small business owner, I very much appreciate your flexibility and attitude of cooperation.

Sincerely,



Philip S. Stevenson
Treasurer
FABS Beachwear, Inc.

Notarized by: Janet Lee Preston

Date: 12-2-98