Reinstatement

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 16 AM 8:33

DOCUMENT # M99000000705

1. Entity Name

HOLLYWOOD TOWNE HOUSE, LLC

Principal Place of Business	Mailing Address
4635 CASON COVE DRIVE ORLANDO FL 32811-6623	4635 CASON COVE DRIVE ORLANDO FL 32811-6623

9/29/00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 22-1890118 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRUSKIN, HAROLD M 2900 NORTH COURSE DRIVE BUILDING 53, APT #402 POMPANO BEACH FL 33069	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE: Harold Bruskin
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRUSKIN, HAROLD M 114 RARITAN AVENUE HIGHLAND PARK NJ 08904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER HAROLD BRUSKIN 114 RARITAN AVE Highland Park, NJ 08904 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REITMAN, NORMAN 498 HARRISON AVENUE HIGHLAND PARK NJ 08904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800003742818 -02/20/01--01014--003 *****150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800003742818 -02/20/01--01014--003 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Harold Bruskin 10/19/00 732-545-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)

Oct. 17. 2000 12:36PM CEDAR COVE No. 6133 P. 1