

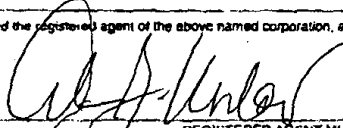
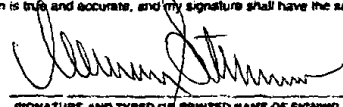
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000077645			
1. Corporation Name HOLLYWOOD FASHION MALL, INC.			
Principal Place of Business 5800 HOLLYWOOD BLVD HOLLYWOOD FL 33021 US		Mailing Address 5800 HOLLYWOOD BLVD HOLLYWOOD FL 33021 US	
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		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip	
4. Date Incorporated or Qualified To Do Business in Florida 08/18/1996		5. FEI Number 65-0707713	
6. CERTIFICATE OF STATUS DESIRED ☐		6.75 Additional Fee required for Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LOREN, NORMA	49 VENCELA DR	NEW ROCHELLE NY 10804
D	NEWMAN, WILLIAM	50 LARCH HILL RD	LAWRENCE NY 11559
D	RABENSTEIN, NORMAN	142 SUTTON PLACE S.	LAWRENCE NY 11559
D	BLASS, RACHEL	1435 50TH STREET	BROOKLYN NY 11219
D	CHAIM STERN	70-50 136 ST.	FLUSHING N.Y 11367
D	BRAUSTEIN, BARRY	1848 58 STREET	BROOKLYN NY 11204
8. Name and Address of Current Registered Agent United Corporate Services, Inc. 9200 South Dadeland Blvd. Suite 508 Miami, FL 33156-		9. Name and Address of New Registered Agent Name Alan Koslow, Esq. Street Address (P.O. Box Number is Not Acceptable) 3111 Stirling Road Suite, Apt. #, Etc. City Fort Lauderdale	
		State	Zip Code
		FL	33312
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 		Date 12/18/01	
REGISTERED AGENT MUST SIGN			
11. 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: 		Date 12/17/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHAIM STERN		Daytime Phone # 203 3846427	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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