

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 26 PM 4:15

DOCUMENT # L000000010219

1. Limited Liability Company's Name

THE BASS FAMILY, LLC

2. Principal Office Address

8737 WHITE IBIS COURT

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32836

Country

USA

3. Mailing Office Address

500 FIFTH AVENUE

Suite, Apt. #, etc.

3000

City & State

NEW YORK, NY

Zip

10110

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

8-18-2000

6. FEI Number

13-4133049

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAMES LANCE BASS

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

2746 WOODRUFF DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

500004717895-4

12/11/01-01016-008

***150.00 ***150.00

State

FL

Zip Code

32837

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-5-01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	JAMES I. BASS	104 W. EARTHAVEN CIRCLE	BRANDON, MS 39042
MEMBER	DIANE BASS	104 W. EARTHAVEN CIRCLE	BRANDON, MS 39042
MEMBER	JAMES L. BASS	8737 WHITE IBIS CT.	ORLANDO, FL 32836
MEMBER	STACY LOFTON	102 W. EARTHAVEN CIRCLE	BRANDON, MS 39042

REINSTATEMENT 2001

Rein 100
OBR 50
150.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date 11-5-01

Daytime Phone # 212 921 4040

Typed or printed name of signing Managing Member/Manager