

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L00000010219
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -5 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000010219
Name and Mailing Address

0006848 01 FP 0.352 **PRSR T1 0 0615 10110-309950



THE BASS FAMILY LLC
500 FIFTH AVENUE 3000
NEW YORK NY 10110-3099

500008803075
11/05/02--01039--005 **150.00



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|---|-----------------------------------|--|--------------------|
| 2. New Mailing Address 2800 PARK AVENUE, 5th FLR EAST City, State, Zip NEW YORK, NY 10017 | | 4. State/Country of Formation FL | |
| Principal Place of Business 8737 WHITE IBIS COURT ORLANDO FL 32835 | | 5. Date Organized or Qualified To Do Business in Florida 08/24/2000 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number 13-4133049 | |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 8. Name and Address of Current Registered Agent BASS, JAMES L 2746 WOODRUFF DRIVE ORLANDO FL 32837 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 10. 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 <i>James L Bass</i> Date 11-1-02 REGISTERED AGENT MUST SIGN | | | |
| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGRM | BASS, JAMES I | 104 W. EASTHAVEN CIRCLE | BRANDON MS 39042 |
| MGRM | BASS, DIANE | 104 W. EASTHAVEN CIRCLE | BRANDON MS 39042 |
| MGRM | BASS, JAMES L | 8737 WHITE IBIS COURT | ORLANDO FL 32836 |
| MGRM | LOFTON, STACY | 102 W. EASTHAVEN COURT | BRANDON MS 39042 |
| REINSTATEMENT <i>Dec</i> | | | |

12. 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 *Diane P. Bass* Date 11-1-02 Daytime Phone # 601-824-3096

Typed or printed name of signing Managing Member/Manager