

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 JAN 26 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000418

1. Limited Liability Company's Name

BANYAN LICENSING, L.C.

REINSTATEMENT

2000-
2001

2. Principal Office Address

1040 Bayview Drive

Suite, Apt. #, etc.

Suite 322

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

3. Mailing Office Address

1040 Bayview Drive

Suite, Apt. #, etc.

Suite 322

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

06/02/1995

6. FEI Number

65-0625153

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Blinderman, Richard I.

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

2200 Museum Tower

Suite, Apt. #, Etc.

150 West Flagler Street

City

Miami

600003603006 --6

01/30/01-01138-02

****200.00 ****200.00

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

REGISTERED AGENT MUST SIGN

Date 1-25-01

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 |
|--------|--------------------------------------|---|--------------------------|
| MGRM | Davis, E. Scott | 1040 Bayview Drive, Suite 322 | Ft. Lauderdale, FL 33304 |
| MGRM | Davis, Kathy W. | 1040 Bayview Drive, Suite 322 | Ft. Lauderdale, FL 33304 |
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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

Date 01/25/2001 Daytime Phone # (954) 525-8223

Typed or printed name of signing Managing Member/Manager

E. Scott Davis