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REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

FILED

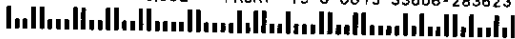
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000007159

Name and Mailing Address

0004825 01 FP 0.352 **PRSR T5 0 0615 33606-283623



TOMMY BAHAMA TAMPA, LLC
1623 SNOW AVE.
TAMPA FL 33606-2836

MJH

11/8 2002

CR2E034 (8/02)

| | | | |
|--|------------------------------------|---|---|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation FL | |
| Principal Place of Business 1623 SNOW AVE. TAMPA FL 33606 | | 5. Date Organized or Qualified To Do Business in Florida 06/19/2000 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number 13-4101625 | |
| | | Applied For Not Applicable | |
| 8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| | | 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 <u>Brian Courtney</u> Date <u>11-7-02</u> REGISTERED AGENT MUST SIGN <u>Asst. V. Pres.</u> | | | |
| 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 | TOMMY BAHAMA R&R HOLDINGS II, INC. | 1071 AVENUE OF THE AMERICAS | NEW YORK NY 10018 |
| | | | 400008891194 11/08/02--01088--002 **155.00 |
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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

Date

Daytime Phone # (212) 391-8688

Typed or printed name of signing Managing Member/Manager

S. ANTHONY MARGALIC PRESIDENT