


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT UBR		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>MQ5 000000385</u>			
1. Limited Liability Company's Name <u>TOMMY BAHAMA CAFE EMPORIUM, LLC</u> <u>1220 3RD ST., SOUTH</u> <u>NAPVES, FL 34102</u>			
2. Principal Office Address <u>1071 6TH AVE.</u> <u>11 FLOOR</u> <u>NEW YORK, NY</u> <u>10018 USA</u>		3. Mailing Office Address <u>1071 6TH AVE</u> <u>11 FLOOR</u> <u>NEW YORK, NY</u> <u>10018 USA</u>	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>12/15/95</u>	
6. FEI Number <u>13-3848166</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
Suite, Apt. #, Etc. _____	
City _____	State <u>FL</u> Zip Code _____

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 _____

Date _____

REGISTERED AGENT MUST SIGN

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
	<u>SANDY CLARK</u> <u>MDR</u>	<u>1071 6TH AVE, 11 FL</u>	<u>NY, NY 10018</u>

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 10/18/07

Daytime Phone # (212) 391-8688

Typed or printed name of signing Managing Member/Manager _____

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