

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

OCT 24 PM 11:02

DOCUMENT # **M96000000494**

1. Limited Liability Company's Name

TOMMY BAHAMA SARASOTA, LLC.
300 JOHN RINGLING BLVD.
SARASOTA, FL 34236

2. Principal Office Address

1071 6TH AVE, 11TH FLOOR

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10018

Country

USA

3. Mailing Office Address

1071 6TH AVE, 11TH FLOOR

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10018

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2/13/97

6. FEI Number

13-3916632

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

*****50.00 *****5.00 SC

8. Name and Address of Current Registered Agent

Name

Same

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

Suite, Apt. #, Etc.

City

State

FL

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
OWNER	SANDRA CLARKE	1071 6TH AVE, 11 FLOOR	NEW YORK, NY 10018

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 **10/19/00**

Daytime Phone # **(212) 391-8688**

Typed or printed name of signing Managing Member/Manager