

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **m96000000494**

1. Limited Liability Company's Name

Tommy Bahama Sarasota, LLC

2. Principal Office Address

300 John Ringling Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

222 Piedmont Ave NE

Suite, Apt. #, etc.

City & State

Sarasota, FLA 34236

City & State

Atlanta GA 30308

Zip

34236

Country

USA

Zip

30308

Country

USA

4. State/Country of Formation
DE

5. Date Organized or Qualified
To Do Business in Florida

12/11/96

6. FEI Number

13-3916632

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32-301-2525

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

[Signature]

**Jeanine Reynolds
as its agent**

REGISTERED AGENT MUST SIGN

Date

3-19-04

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	Tommy Bahama R&R Holdings, Inc	222 Piedmont Ave NE	Atlanta GA 30308
MGR	J. Hicks Lanier	222 Piedmont Ave NE	Atlanta GA 30308
MGR	Thomas Chubb III	222 Piedmont Ave NE	Atlanta GA 30308
MGR	J. Reese Lanier Jr.	222 Piedmont Aven NE	Atlanta GA 30308

REINSTATEMENT 2003-2004

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

3/16/04

Daytime Phone #

(404) 659-2424

Typed or printed name of signing Managing Member/Manager

Thomas Chubb III

FILED
04 MAR 19 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

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