

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

00 OCT 27 PM 02

DOCUMENT # M98000001389

1. Limited Liability Company's Name

TOMMY BAHAMA LAS OLAS LLC.
1002 LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301

2. Principal Office Address

1071 6TH AVE., 11 FL

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10018

Country

U.S.A

3. Mailing Office Address

1071 6TH AVE.

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10018

Country

U.S.A

4. State/Country of Formation

FLORIDA

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

2/14/1999

6. FEI Number

13-4030295

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

100003455451-8

-11/07/00-01088-012

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

*****50.00 *****50.00

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
Controller	SANDY CLARKE	1071 6TH AVE, 11 FL	N.Y., 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

Date

10/18/02

Daytime Phone

(212) 391-8688

Typed or printed name of signing Managing Member/Manager