

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

01 NOV -1 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001389

1. Limited Liability Company's Name

TOMMY BAHAMA LAS OLAS, LLC

2. Principal Office Address

1002 Las Olas Blvd.

3. Mailing Office Address

1071 Avenue of the Americas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

New York, NY

Zip

33301

Country

USA

Zip

10018

Country

USA

REINSTATEMENT 200

4. State/Country of Formation

DELAWARE / USA

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

11/24/98

6. FEI Number

13-4030295

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 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

200004686082-9

-11/16/01-01094-012

Suite, Apt. #, Etc.

***\$155.00 ***\$155.00

City

TALLAHASSEE

State

FL

Zip Code

32314

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

Lynette Coleman
REGISTERED AGENT MUST SIGN

Lynette Coleman
as its agent

Date 10/30/2001

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

MEM TOMMY BAHAMA CAFE EMPORNIUM LLC 1071 Avenue of the Americas 11th FL 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

S. Anthony Margolis

Date

Daytime Phone #

(212) 391-8688

Typed or printed name of signing Managing Member/Manager

S. ANTHONY MARGOLIS, PRESIDENT

CR2E041 (9/01)