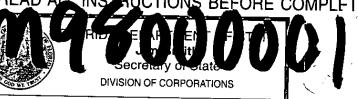
APPLICATION FOR REINSTATEMENT



1. DOCUMENT #

M98000001389

Name and Mailing Address

Signature of

Managing Member/Manager

02 OCT 28 PM 12: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA

0008763 01 FP 0.352 **PR\$RT HB 0 0615 10018-370499 TOMMY BAHAMA LAS OLAS LLC 1071 AVNUE OF THE AMERICAS, 11TH FLOOR NEW YORK NY 10018-3704

10/4/02



2. New Mailing Address City, State, Zip					4. State/Country of Formation DE 5. Date Organized or Qualified To Do Business in Florida 11/24/1998											
									rincipal Place of Business 3. New Pri			New Principal Place of Business Address		6. FEI Number 13-4030295		Applied Fo
									1002 LAS OLAS BLVD. FORT LAUDERDALE FL 33301							
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee req for a Certificate of Sta														
	8. Name and Address of Current	Registered Agent		- / 10 Tan / 10 L. /	9. Name and A	ddress of New Reg	gistered A	gent								
000	CODATION OF DUICE CO.	·	N	ame			3.0.0.00 71	gent								
1201	PORATION SERVICE COMPA HAYS STREET AHASSEE FL 32301-2525	NY Street A		reet Address	dress (P.O. Box Number is Not Acceptable)											
		\mathcal{I}	City			FL Zip Code										
nature of ristered Age	RE	Brie Ass SISTERED AGENT MU	an Courtney st. V. Pres.	1	and the same of th	Date	_	-25-03								
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nature of gistered Age Names an	nd Street Addresses of Each Managing Name of Managing	Bria As: SISTERED AGENT MU Member/Manager	an Courtney st. V. Pres: JST SIGN Street Ad	ddress of Eac	ch- ager	Date	/O									
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Typed or printed name of signing Managing