

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

M98000001389

FILED

1. DOCUMENT # M98000001389

Name and Mailing Address

0008763 01 FP 0.352 **PRSR HB 0 0615 10018-370499



TOMMY BAHAMA LAS OLAS LLC
1071 AVNUE OF THE AMERICAS, 11TH FLOOR
NEW YORK NY 10018-3704

02 OCT 28 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/4/02

2. New Mailing Address

City, State, Zip

Principal Place of Business

1002 LAS OLAS BLVD.
FORT LAUDERDALE FL 33301

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

11/24/1998

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

10-25-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TOMMY BAHAMA CAFE EMPORIUM LLC	1071 AVENUE OF THE AMERICAS 11TH FLOOR	NEW YORK NY 10018

REINSTATEMENT 2.0021

BN

6000008635756
10/28/02--01117--003 **155.00

12. 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

Daytime Phone # (212) 391-8688

Typed or printed name of signing Managing Member/Manager

S ANTHONY MARONIS PRESIDENT

CR2E084 (8/02)