

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

AND  
FILED

01 FEB 15 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #M99000001315

1. Limited Liability Company's Name

Sobe Retail I, LLC

**REINSTATEMENT**

2000-2001

2. Principal Office Address

155 Lincoln Road

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

Country

33139

USA

3. Mailing Office Address

c/o McCann, Inc.

1271 Avenue of the Americas

Suite, Apt. #, etc.

40th Floor

City & State

New York, New York

Zip

Country

10020

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

8/20/99

6. FEI Number

13-4116051

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

Darlene Serrano

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

155 Lincoln Road

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

900003818179-9

-03/08/01--01013-003

\*\*\*1640.00 \*\*\*\*205.00

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

*Darlene Serrano*

REGISTERED AGENT MUST SIGN

Date February 13, 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
MAN. MEM.	William K. Madden, MGRM	84 Business Park Drive	Armonk, New York 10504
MAN. MEM.	Bruce Fahey, MGRM	1271 Avenue of the Americas 40th Floor	New York, New York 10020
MAN. MEM.	Martin G. Berger, MGRM	84 Business Park Drive	Armonk, New York 10504

UB  
35-01

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

*Bruce Fahey*

Date 2/13/01

Daytime Phone # 212-586-8000

Typed or printed name of signing Managing Member/Manager

BRUCE FAHEY, member

CR2E041 (9/99)