PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
13 MAY -7 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # L07000045464

1. Limited Liability Company's Name
CHOU CHOU, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
601 Brickell Key Drive	601 Brickell Key Drive
Suite, Apt. #, etc. Suite 702	Suite, Apt. #, etc. Suite 702
City & State Miami, FLORIDA	City & State Miami, Florida
Zip 33131 Country US	Zip 33131 Country US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number — Applied For / X 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: GERARDO A. VAZQUEZ
Street Address (P.O. Box Number is Not Acceptable): 601 Brickell Key Drive
Suite, Apt. #, Etc.: Suite 702
City: Miami State: FL Zip Code: 33131

E-mail Address:
(To be used for future annual report notices)

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
MGRM	ELISABETTA BENOTTO	601 BRICKELL KEY DRIVE, SUITE 702	Miami, FL 33131

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04/30/13--01020--005 **783.75

MAY 07 2013
T. SCOTT

REINSTATEMENT 09-13

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date _____ Daytime Phone # 305

Typed or printed name of signing Managing Member/Manager _____