

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 16 AM 8:58

DOCUMENT # L01000016818

1. Limited Liability Company's Name

Mistral Investments, LLC

2. Principal Office Address

888 South Ocean Blvd.

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-05

4. State/Country of Formation

Florida

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

September 26, 2001.

6. FEI Number

59-374-8497

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

Maura A. Ziska, Esq.

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

222 Lakeview Avenue

Suite, Apt. #, Etc.

Suite 950

City

West Palm Beach

State
FL

Zip Code
33401

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**

Maura Ziska

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	Roosey Khawly	888 South Ocean Blvd.	Palm Beach, Florida 33480

700048988117
03/23/05--01012--009 **250.00

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**

R. Khawly

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Roosey Khawly