

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000016818

1. Limited Liability Company's Name

Mistral Investments, LLC

2. Principal Office Address - No P.O. Box #

888 South Ocean Boulevard

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 9/26/2001

6. FEI Number

26-7046020

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Maura A. Ziska

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

222 Lakeview Avenue

Suite, Apt. #, Etc.

Suite 1500

City

West Palm Beach

State

FL

Zip Code

33401

E-mail Address:

600209888996
07/12/11-01011-015 **516.25

mziska@floridawills.com

(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

Maura A. Ziska

Date 7/06/2011

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 Boulevard	Palm Beach, FL 33480

REINSTATEMENT

09-11

L. SELLERS

JUL 18 2011

EXAMINER

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. 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

R. Khawly

Date

6/29/11

Daytime Phone #

561-306-0390

Typed or printed name of signing Managing Member/Manager