


**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

2007 MAR 27 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000032276			
1. Entity Name PISUT LLC			
Principal Place of Business 6951 LAKE ISLAND DRIVE LAKEWORTH, FL 33467 US		Mailing Address 6951 LAKE ISLAND DRIVE LAKEWORTH, FL 33467 US	
2. Principal Place of Business - Mail P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 366 N. Congress Ave		Suite, Apt. #, etc. 366 N. Congress Ave	
City & State Boynton Beach FL		City & State Boynton Beach FL	
Zip 33426		Country U.S.A	
4. FRENCH NUMBER		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
20-2612366		Not Applicable	
6. Name and Address of Current Registered Agent AMPAPISUTSAKUL, SOMJAI 6951 LAKE ISLAND DRIVE LAKEWORTH, FL 33467		7. Name and Address of new Registered Agent Name: AMPAPISUTSAKUL, SOMJAI Street Address (P.O. Box Number is Not Applicable): 366 N. Congress Ave City: Boynton Beach FL Zip Code: 33426	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent (or both) in the State of Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE: <i>Somjai Ampapisutskul</i> DATE: 03/23/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the profit/loss.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: AMPAPIEUSAK, SOMJAI STREET ADDRESS: 6951 LAKE ISLAND DRIVE CITY-ST-ZIP: LAKEWORTH, FL 33467 <input type="checkbox"/> Delete	TITLE: MGRM NAME: AMPAPISUTSAKUL, SOMJAI STREET ADDRESS: 366 N. Congress Ave CITY-ST-ZIP: Boynton Beach FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: MGRM NAME: SUCHINPARN, CHANINUN STREET ADDRESS: 6951 LAKE ISLAND DRIVE CITY-ST-ZIP: LAKEWORTH, FL 33467 <input type="checkbox"/> Delete	TITLE: MGRM NAME: SUCHINPARN, CHANINUN STREET ADDRESS: 366 N. Congress Ave CITY-ST-ZIP: Boynton Beach, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 600095802956 04/04/07--01035--009 **100.00	TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06-07	TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <i>Somjai Ampapisutskul</i> DATE: 03/23/07			