

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000057860

Entity Name: PISTOU, LLC

FILED
Oct 13, 2009
Secretary of State

Current Principal Place of Business:

1433 MEDINA AVE
MIAMI, FL 33134

New Principal Place of Business:

1433 MEDINA AVE
MIAMI, FL 33134 US

Current Mailing Address:

1433 MEDINA AVE
MIAMI, FL 33134

New Mailing Address:

1433 MEDINA AVE
MIAMI, FL 33134 US

FEI Number: 33-1217613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOYAL, PATRICK
10796 PINES BLVD
STE 204
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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.

SIGNATURE: PATRICK MOYAL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MALEK, SABRINA
Address: 2701 S. BAYSHORE DRIVE, SUITE 402
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: GHETTI, GUY
Address: 1433 MEDINA AVE
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MALEK, SABRINA
Address: 2701 S. BAYSHORE DRIVE, SUITE 402
City-St-Zip: MIAMI, FL 33133 US

Title: MGR (X) Change () Addition
Name: GHETTI, GUY
Address: 1433 MEDINA AVE
City-St-Zip: MIAMI, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SABRINA MALEK

MGR

10/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date