

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000091803

FILED
Nov 04, 2008
Secretary of State

Entity Name: PROTALIX BIOTHERAPEUTICS, INC.

Current Principal Place of Business:

2 SNUNIT STREET, SCIENCE PARK
#455
CARMIEL, IS 20100 IS

New Principal Place of Business:

Current Mailing Address:

2 SNUNIT STREET, SCIENCE PARK
#455
CARMIEL, IS 20100 IS

New Mailing Address:

FEI Number: 65-0643773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: GEORGIA BYRON, ASST. V.P.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: AVIEZER, DAVID
Address: 2 SNUNIT STREET, SCIENCE PARK, #455
City-St-Zip: CARMIEL, IS 20100 IS

Title: T,S () Delete
Name: MAIMON, YOSSI
Address: 2 SNUNIT STREET, SCIENCE PARK, #455
City-St-Zip: CARMIEL, IS 20100 IS

Title: VP,D () Delete
Name: SHAALTIEL, YOSEPH
Address: 2 SNUNIT STREET, SCIENCE PARK, #455
City-St-Zip: CARMIEL, IS 20100 IS

Title: D () Delete
Name: BRONFELD, ZEEV
Address: 2 SNUNIT STREET, SCIENCE PARK, #455
City-St-Zip: CARMIEL, IS 20100 IS

Title: D () Delete
Name: BAR-SHALEV, AMOS
Address: 2 SNUNIT STREET, SCIENCE PARK, #455
City-St-Zip: CARMIEL, IS 20100 IS

Title: D () Delete
Name: TOUSSIA-COHEN, SHARON
Address: 2 SNUNIT STREET, SCIENCE PARK, #455
City-St-Zip: CARMIEL, IS 20100 IS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOSSI MAIMON

T,S

11/04/2008

Electronic Signature of Signing Officer or Director

Date