

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 11 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11212008 REIN-P CR2E098 (1/07)

4. FEI Number
52-1330674

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENFELD, DAFINA
8211 W BROWARD BLVD
460
FORT LAUDERDALE, FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ~~MAOR, EITAN~~ ~~WESTERN, ITZIK~~ ☒ Delete
STREET ADDRESS 10 AMAL ST
CITY-ST-ZIP AFEK INDUSTRIAL PK, ISRAEL, 48092

☐ Change ☐ Addition
700138956627
12/11/08--01025--013 **750.00

TITLE SV
NAME FAINARO, RON ☒ Delete
STREET ADDRESS 10 AMAL ST
CITY-ST-ZIP AFEK INDUSTRIAL PK, ISRAEL, 48092

☐ Change ☐ Addition

TITLE S
NAME SOLOMON, HADAR ☐ Delete
STREET ADDRESS 10 AMAL ST
CITY-ST-ZIP AFEK IND. PK, ISRAEL, 48092

☐ Change ☐ Addition

TITLE P
NAME WEINSTEIN, ITZIK ☐ Delete
STREET ADDRESS 10 AMAL ST
CITY-ST-ZIP AFEK INDUSTRIAL PK, ISRAEL

☐ Change ☐ Addition

TITLE SV
NAME NEUMAN, Mickey ☐ Delete
STREET ADDRESS 10 AMAL ST
CITY-ST-ZIP AFEK IND PARK, ISRAEL 48092

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] 12/07/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/11/08