

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000002320

Entity Name: ALVARION, INC.

FILED
Oct 12, 2005
Secretary of State

Current Principal Place of Business:

7491 WEST OAKLAND PARK BLVD. #304
LAUDERHILL, FL 33319

New Principal Place of Business:

510 SHOTGUN RD. SUITE 110
SUNRISE, FL 33325

Current Mailing Address:

7491 WEST OAKLAND PARK BLVD. #304
LAUDERHILL, FL 33319

New Mailing Address:

510 SHOTGUN RD. SUITE 110
SUNRISE, FL 33325

FEI Number: 33-0674623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

CLAUDIO NIJAMKIN
510 SHOTGUN RD SUITE 110
SUNRISE, FL 33325 US

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: CLAUDIO NIJAMKIN

10/12/2005

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: C () Delete
Name: SLONIMSKY, ZVI
Address: 21A HABARZEL STREET
City-St-Zip: TEL AVIV, ISRAEL 69710,

Title: DP () Delete
Name: ROSENZWEIG, AMIR
Address: 5858 EDISON PLACE
City-St-Zip: CARLSBAD, CA 92008

Title: V () Delete
Name: BENNETT, AARON
Address: 5858 EDISON PLACE
City-St-Zip: CARLSBAD, CA 92008

Title: V () Delete
Name: YAARI, IGALN
Address: 5858 EDISON PLACE
City-St-Zip: CARLSBAD, CA 92008

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SLONIMSKY ZVI

C

10/12/2005

Electronic Signature of Signing Officer or Director

Date