

L05000006185

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 16 PM 4:24

DOCUMENT # L05000006185

1. Limited Liability Company's Name

TECHNION GROUP LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 320 Running Wind Lane		3. Mailing Office Address 320 Running Wind Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Maitland		City & State Maitland	
Zip 32751	Country USA	Zip 32751	Country USA

4. State/Country of Formation **Florida, USA**

5. Date Organized or Qualified To Do Business in Florida **01/10/2005**

6. FEI Number **20-2137215**
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **Tomer Taggart**

Street Address (P.O. Box Number is Not Acceptable)
320 Running Wind Lane

Suite, Apt. #, Etc.

City **Maitland** State **FL** Zip Code **32751**

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date **07/02/2007**
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Tomer Taggart	320 Running Wind Lane	Maitland, FL 32751
	FF \$100.00		BLT
	RF N/A		300105354873
	cus 5		07/18/07--01055--010 **105.00
			2006-2007

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager  Date **07/02/2007** Daytime Phone # **407-921-6850**
Typed or printed name of signing Managing Member/Manager **Tomer Taggart**