

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 AUG 11 AM 10:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000017512

1. Limited Liability Company's Name

Navatech Container Security LLC

CR2E041 (10/08)

2. Principal Office Address: No P.O. Box # 3901 NW 79th Ave		3. Mailing Office Address 3901 NW 79th Ave	
Suite, Apt. #, etc. Suite 218		Suite, Apt. #, etc. Suite 218	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33166	Country USA	Zip 33166	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 02/21/2005	
6. FEI Number 46-0522989	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Shomroni Ofer

Street Address (P.O. Box Number is Not Acceptable)
1008 S. Dixie Hwy

Suite, Apt. #, Etc.
N/A

City
Hollywood

State
FL

Zip Code
33020

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 Ofer Shomroni Date 08/05/2009

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	Eliezer Navarsky	1200 S. Hillcrest Ct. Bldg 6, Apt 109	Hollywood, Florida 33021

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REINSTATEMENT 06-09

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 [Signature] Date 08/05/2009 Daytime Phone # 305-393-4411