

PLEASE READ ALL 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

08 MAR -7 PM 1:13

DOCUMENT # LO5 0000 17568

1. Limited Liability Company's Name

UNITECH GROUP LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

Suite, Apt. #, etc.

17 ABRAHAM SACHNIN STR.

Suite, Apt. #, etc.

17 ABRAHAM SACHNIN STR.

City & State

HAIFA

City & State

HAIFA

Zip

32981

Country

ISRAEL

Zip

32981

Country

ISRAEL

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

02/21/2005

6. FEI Number

NONE

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

LEO KOGAN

Street Address (P.O. Box Number is Not Acceptable)

16400 COLLINS AVE.

Suite, Apt. #, Etc.

SUITE 2042

City

MIAMI

State

FL

Zip Code

33160

☐ 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 02/23/08

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
<u>MGR</u>	<u>VLADIMIR KRIMAN</u>	<u>17/1 ABRAHAM SACHNIN STR.</u>	<u>HAIFA, ISRAEL, 32981</u>

700119599657
03/07/08--01003--011 **\$22.00

REINSTATEMENT

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 02/23/08 Daytime Phone # 7-903-9603986

Typed or printed name of signing Managing Member/Manager

VLADIMIR KRIMAN