

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 23 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000024748

1. Limited Liability Company's Name

ISRA GUARO Security U.S., LLC

300111362203
10/25/07--01010-011
CR2E04 (1/07) **100.00

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

7107 Front Beach Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 28103

Suite, Apt. #, etc.

City & State

Panama City Beach Fl.

Zip

32407

Country

USA

City & State

Panama City Beach, Fl

Zip

32411

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3-11-05

6. FEI Number

202 595 050

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

Timothy J Sloan

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

427 McKenick Ave

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

☒ 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

al. B. Sloan

REGISTERED AGENT MUST SIGN

Date

10/23/07

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
MGRM	Moshe Benabou	4300 Bay Point Rd #401	Panama city Beach FL 32408

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

al. B. Sloan

Date

Daytime Phone #

(850) 233-3575

Typed or printed name of signing Managing Member/Manager

MOSHE Benabou