

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000100793

Entity Name: WHITE SCIENCE USA, LLC

FILED  
Oct 20, 2009  
Secretary of State

**Current Principal Place of Business:**

5780 SW 25 STREET  
STE 8  
WEST PARK, FL 33023 US

**New Principal Place of Business:**

**Current Mailing Address:**

5780 SW 25 STREET  
STE 8  
WEST PARK, FL 33023 US

**New Mailing Address:**

FEI Number: 26-1193053      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

AFLALO, ITSHAK  
5780 SW 25 STREET  
STE 8  
WEST PARK, FL 33023 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: ITSHAK AFLALO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AFLALO, ITSHAK  
Address: 5780 SW 25 STREET STE 8  
City-St-Zip: WEST PARK, FL 33023 US

Title: MGRM ( ) Delete  
Name: BENIMETZKY, DANA  
Address: 5780 SW 25 STREET STE 8  
City-St-Zip: WEST PARK, FL 33023 US

**ADDITIONS/CHANGES:**

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ITSHAK AFLALO

MGRM

10/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date