

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 27 AM 10:56

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M03000002810**

1. Limited Liability Company's Name

HAIFA Chemicals USA LLC

2. Principal Office Address

405 Douglas Ave

Suite, Apt. #, etc.

2605

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

N.Y.

5. Date Organized or Qualified
To Do Business in Florida

8/16/03

6. FEI Number

113416313

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

Yossi Dotan

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

405 Douglas Avenue

Suite, Apt. #, Etc.

2605

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

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 **X**

Date **X**

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
MEM	Yossi Dotan	405 Douglas Ave	ALTAMONTE SPRINGS FL 32714

REINSTATEMENT 04-06

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 **X**

Date **7/24/06**

Daytime Phone #

407-862-6400

Typed or printed name of signing Managing Member/Manager

Yossi Dotan