

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**CORPORATION REINSTATEMENT**

**NUR AMERICA, INC.**

Certificate of Status	0
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 DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS			
<b>DOCUMENT # F00000002081</b> 1. Corporation Name <b>NUR America, Inc.</b>			
2. Principal Office Address - No P.O. Box # <b>85 Oxford Drive</b> <small>State, Apt. #, etc.</small>	3. Mailing Office Address <b>85 Oxford Drive</b> <small>State, Apt. #, etc.</small>		
City & State <b>Moonachie, NJ</b>	City & State <b>Moonachie, NJ</b>		
Zip      Country <b>07074      USA</b>	Zip      Country <b>07074      USA</b>		
4. Date incorporated or Qualified To Do Business In Florida <b>4/13/2000</b>			
5. FEI Number <b>04-3300327</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SEE ADVERSE F. S. STATUTE FOR A COMPLETE LIST</small>			
7. Name and Address of Current Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH FINE ISLAND ROAD</b> <small>State, Apt. #, etc.</small> City      State      Zip Code <b>Plantation      FL      33324</b>			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0605, F.S. Signature of Registered Agent <b>Lauren H. Kretz</b> <small>REGISTERED AGENT MUST SIGN</small> <b>Special Assistant Secretary</b> Date <b>12/12/08</b>			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Ran Fridrich	Elromay Capital Ltd., Hemanofim 11, Bldg. B c/o Regus, P.O. Box 2148	Herzliya Pituach 46120 Israel
DIR	Yosef Zylberberg	Elromay Capital Ltd., Hemanofim 11, Bldg. B c/o Regus, P.O. Box 2148	Herzliya Pituach 46120 Israel
<b>REINSTATEMENT</b> <b>03-08-PB</b> <b>12/30/08</b>			
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reasons for dissolution have been eliminated, the corporate taxes and other requirements of section 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: <b>Ran Fridrich, President</b> Date <b>Dec 7 2008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			