

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000001931

1. Corporation Name

BUSINESS LAYERS, INC.

Principal Place of Business

Mailing Address

365 WEST PASSAIC STREET  
ROCHELLE PARK NJ 07662

365 WEST PASSAIC STREET  
ROCHELLE PARK NJ 07662

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/16/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

22-3645182

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	SHAY, IZHAR	365 WEST PASSAIC STREET	ROCHELLE PARK NJ 07662
<del>CEO</del> D	ZAMIR, AVI	365 WEST PASSAIC STREET	ROCHELLE PARK NJ 07662
D	MICHELLE LEIGH oblaq, Geoff Frey	365 WEST PASSAIC STREET	ROCHELLE PARK NJ 07662
D	ABEN, TAL	9 HAMANOFIM STREET, 9TH FLOOR	HERZLIYA, 46725 ISRAEL
D	FURNIVALL, JAMES C	105 ROWAYTON AVE.	ROWAYTON CT 06853
D	KRAMER, SHLOMO	48 EAHAD HA AM STREET	TELAVIV, 65202 ISRAEL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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 reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, 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 under section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



October 23, 2003

Division of Corporations  
Annual Reports  
PO Box 6327  
Tallahassee, FL 32314

Re: Document #F02000001931

Dear Sir or Madam:

I have received a notice from Florida stating that our corporation has been dissolved. I was unaware that we should have received a form that needs to be filed every year and then a notice. I did not receive either the form or the notice and never filed the necessary form. Since this is our first year having a Florida presence and are still learning the requirements we are asking that you please waive all the extra fees associated with this. I have enclosed the reinstatement application along with a check for \$150. Please let me know if this is approved.

Sorry for the trouble and thank you for your help in resolving this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Newmeyer", with a long, sweeping horizontal line extending to the right.

Richard Newmeyer  
Controller  
Business Layers Inc.