

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 21 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072593

1. Corporation Name

TAL PRODUCTIONS CORP.

2. Principal Office Address

12638 NW 13 CT.

Suite, Apt. #, etc.

City & State

SUNRISE FL

Zip

33323

Country

3. Mailing Office Address

12638 NW 13 CT

Suite, Apt. #, etc.

City & State

SUNRISE FL

Zip

33323

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1026927

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

UZI NIZRI

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

12638 NW 13 CT

Suite, Apt. #, Etc.

City

SUNRISE FL 33323

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
P	UZI NIZRI	12638 NW 13 CT.	SUNRISE FL 33323
VP	DAVID NIZRI	12638 NW 13 CT.	SUNRISE FL 33323
ST	RONIT GAENOSAR	6192 PINE TREE LANE	TAMARAC FL 33313

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 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 #

CR2E081 (9/01)

7/11/24/12

TAL PRODUCTIONS CORP.

September 30, 2002

Department of state
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Corporation renewal

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. I incorporated in 2000 and had no idea that a renewal form has to be mailed. I never received the notice and only found out about it when my corporation taxes were being prepared. The penalty will create a hardship for my business and ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$300.00 for the year 2001 & 2002.

Thank you very much for your help and understanding.

Sincerely,

A handwritten signature in black ink, appearing to be 'Uzi Nizri', with a stylized, looping flourish extending to the right.

Uzi Nizri