

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

04 JAN 15 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P00000072593**

1. Corporation Name

**TAL PRODUCTIONS CORP.**

Principal Place of Business

Mailing Address

12638 NW 13 CT  
SUNRISE FL 33323

12638 NW 13 CT  
SUNRISE FL 33323



**REINSTATEMENT** 03-04

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

07/31/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1026927

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	NIZRI, UZI	12638 NW 13 CT	SUNRISE FL 33323
V	NIZRI, DAVID	12638 NW 13 CT	SUNRISE FL 33323
ST	GAENOSAR, RONIT	6192 PIRE THREE LANE	TAMARAC FL 33313

000027008050  
01/15/04--01/01/05--014 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NIZRI, UZI  
12638 NW 13 CT  
SUNRISE FL 33323

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

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)

**TAL PRODUCTIONS INC.  
12638 NW 13 COURT  
SUNRISE, FL 33323**

January 9, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Tal Productions Inc

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form due a change in the address. The penalty will create a hardship for the business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2003 and the fee for 2004.

Thank you very much for you help and understanding.

Sincerely,

Uzi Nizri