PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P00000072593 DOCUMENT

1. Corporation Name

TAL PRODUCTIONS CORP.

Principal Place of Business

Mailing Address

12638 NW 13 CT SUNRISE FL 33323

SIGNATURE:

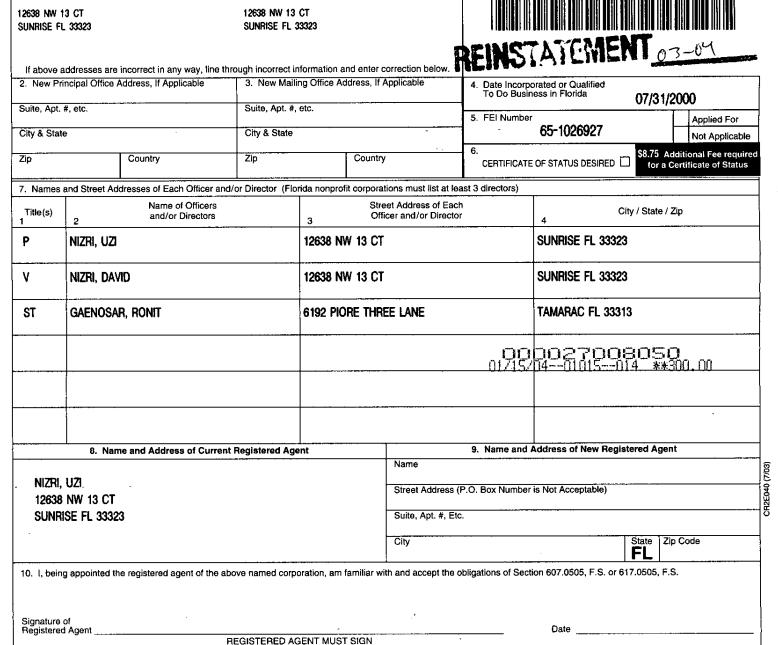
12638 NW 13 CT SUNRISE FL 33323 FILED

04 JAN 15 AM 8: 44

SECRETARY OF STATE TALLAHASSEE FLORIDA

Date

Daytime Phone #



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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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