
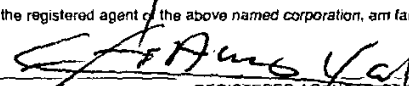
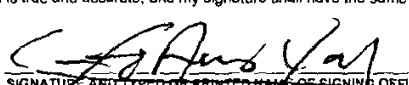


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 MAR -2 AM 8:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F0000000 4680					
1. Corporation Name Talia Technology, Inc.					
2. Principal Office Address 1014 US Highway 19 Suite, Apt. #, etc. Suite 114 City & State Holiday, FL Zip 34691 Country USA		3. Mailing Office Address 1014 US Highway 19 Suite, Apt. #, etc. Suite 114 City & State Holiday, FL Zip 34691 Country USA		REINSTATEMENT CR2E081 (12/05) 06	
		4. Date Incorporated or Qualified To Do Business in Florida 8-9-2000		5. FEI Number 650989429 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Efi Amoyal					
Street Address (P.O. Box Number is Not Acceptable) 1014 US Highway 19					
Suite, Apt. #, Etc. Suite 114					
City Holiday					
State FL Zip Code 34691					
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  Date 2/13/2006					
REGISTERED AGENT MUST SIGN					
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		
CEO	Danny Moran	Global PK BID 2 YODEAT ST LOD	71291 ISRAEL, IL		
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 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:  Date 2/13/2006 800/214-2030					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					