


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC 19 AM 11:10

**DOCUMENT # P97000018107**

1. Corporation Name  
**SILVER LINING PRODUCTIONS, INC.**

Principal Place of Business 7282 BALLANTRAE COURT BOCA RATON FL 33496	Mailing Address 19 FORDHAM RD LIVINGSTON NJ 07039
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 7282 Ballantrae Court
City & State	City & State Boca Raton, FL
Zip	Zip 33496
Country	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	02/26/1997
5. FEI Number	65-0735791
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
PSTD	HALPERT, LINDA	7282 BALLANTRAE COURT	BOCA RATON FL 33496

600004744746--5  
 -12/31/01--01049--013  
 \*\*\*\*750.00 \*\*\*\*750.00

AA 12/29

8. Name and Address of Current Registered Agent

HALPERT, LINDA  
 7282 BALLANTRAE COURT  
 BOCA RATON FL 33496

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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.

Signature of Registered Agent *Linda Halpert* **SIGNATURE REQUIRED** Date 12/17/01  
 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:** *Linda Halpert* **SIGNATURE REQUIRED** Date 12/17/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25040 (8/01)