
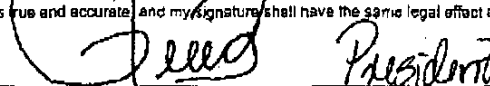


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PH 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000130342			
1. Corporation Name JUGGLING & CIRCUS PRODUCTS CORP.			
2. Principal Office Address - No P.O. Box # 3058 NW 72 AVE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33122	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 09/17/2004		Applied For <input type="checkbox"/> Not Applicable	
5. FEI Number 20-1640554		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 Sebastian G. Pena Cisternas			
Street Address (P.O. Box Number is Not Acceptable) 3058 NW 72 AVE			
Suite, Apt. #, Etc.			
City Miami	State FL	Zip Code 33122	
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 08/28/2008	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Sebastian G. Pena Cisternas	3058 NW 72 AVE	Miami, FL 33122
V	Erika J. Cisternas	3058 NW 72 AVE	Miami, FL 33122
S	Juan Pena Gutierrez	3058 NW 72 AVE	Miami, FL 33122
REINSTATEMENT RH			
10. I certify that I am an officer or director of 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 149, 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 9/8/08 (305) 267-1092	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date and Time Phone #	

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : CORONADO HOLDINGS CORP.
Account Number : I20080000053
Phone : (305)461-4760
Fax Number : (305)675-3753

CORPORATION REINSTATEMENT

JUGGLING & CIRCUS PRODUCTS CORP.

Certificate of Status	0
Certified Copy	0
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