

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

00 NOV 14 PM 1:19

DOCUMENT # N99000001171

1. Corporation Name

JUGGERKNOT THEATRE CORPORATION

Principal Place of Business

Mailing Address

P O BOX 131796  
CORAL GABLES FL 33114

P O BOX 131796  
CORAL GABLES FL 33114

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

03/15/1999

5. FEI Number

650890680

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	Patrick E. Burbank	10500 S.W. 74 Ave	Pinecrest, FL 33156
D	PETER Fullerton	120 SANTANDER AVE.	Coral Gables, FL 33134
S	ELIZABETH EASTON	580 West 49 street	Miami Beach, FL 33140
T	Kelly Fullerton	120 SANTANDER AVE.	Coral Gables, FL 33134
D	Allison J. Smith	416 SANTANDER AVE.	Coral Gables, FL 33134
D	Alejandro Galvez	10771 S.W. 67 Drive	Miami, FL 33173

8. Name and Address of Current Registered Agent

BRAVO, EDGAR  
108 SANTANDER AVE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

TANYA BRAVO

Street Address (P.O. Box Number is Not Acceptable)

104 SANTANDER AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/3/00

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.

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-12/12/00--01000-013  
\*\*\*\*236.25 \*\*\*\*236.25

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/00 305-856-3200  
Daytime Phone #

CR2E040 (8/00)