NOV. 14. 2007 10:55AM C S C NO. 365 P. 2/2

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000006101

1. Entity Name
CIRQUE DU SOLEIL INC.

07 NOV 14 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8400 2ND AVENUE MONTREAL, QC 41Z4M-6 CA	8400 2ND AVENUE MONTREAL, QC H1Z 4-M6 CA

10162007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 98-0140596 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLAIN, ROBERT 1478 EAST BUENA VISTA DR LAKE BUENA VISTA, FL 32830	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street City: Tallahassee FL Zip Code: 32301-2607

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cynthia L. Harris — Cynthia L. Harris, Asst. Vice President — 11/14/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD LALIBERTE, GUY 8400 2ND AVENUE MONTREAL, QC H1Z 4M6	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LALIBERTÉ, GUY 8400 2nd AVENUE MONTREAL, QC H1Z 4M6	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D'AMICO, MARIO 8400 2ND AVENUE MONTREAL, QC H1Z 4M6	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/CEO LAMARRE, DANIEL 8400 2nd AVENUE MONTREAL, QC H1Z 4M6	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T,VP BLAIN, ROBERT 8400 2ND AVENUE MONTREAL, QC H1Z 4M6	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/CFO/AS BLAIN, ROBERT 8400 2nd AVENUE MONTREAL, QC H1Z 4M6	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOO, LAMARRE, DANIEL 8400 2ND AVENUE MONTREAL, QC H1Z 4M6	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S KHAYAT, RENE 8400 2nd AVENUE MONTREAL, QC H1Z 4M6	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP S MACEROLA, FRANCOIS 8400 2ND AVENUE MONTREAL, QC H1Z 4M6	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GAGNON, ROBERT 8400 2ND AVENUE MONTREAL, QC H1Z 4M6	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12/11/2007 (514)723-7[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/2

Florida Department of State
Division of Corporations
Public Access System

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Cindy Hagan Ext (293)

CORPORATION REINSTATEMENT

CIRQUE DU SOLEIL INC.

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