

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -3 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02 000060552

1. Corporation Name

CIRCUS MAN OF BROWARD, INC.

2. Principal Office Address

12375 W. SAMPLE RD

3. Mailing Office Address

P.O. BOX 880735

Suite, Apt. #, etc.

A-10

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

City & State

BOCA RATON

Zip

33065

Country

USA

Zip

33488-0735

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/24/2002

5. FEI Number

05-0523 003

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

VLADISLAV TSYGAN

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

12375 W SAMPLE RD

Suite, Apt. #, Etc.

A-10

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/26/03

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
D	VLADISLAV TSYGAN	12375 W SAMPLE RD CORAL SPRINGS, FL	CORAL SPRINGS, FL 33065

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 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:

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

9/26/03

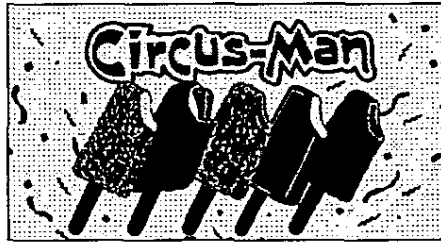
Date

561-289-5935

Daytime Phone #

CR2E081 (10/02)

2/10/6



September 28, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement & Annual Report

Dear Sir or Madam:

I have opened my corporation in August of 2002 and I am new to Florida regulations, being that I am from another state. While speaking with my lawyer regarding my company matters he had mentioned Annual Report filing. I told him that I knew nothing about it. He then proceeded to look at your WEB site and noticed that my company is inactive in your system and that the address is old. As I understand, your organization should have send a reminder notifying me of Annual report filing. Apparently we did not receive any notices/s from you in time. If it was sent, then US Postal Service neglected to forward it to the new address. As it seems this is an obvious misunderstanding and mishap. Being that I am new to Florida and was not aware of this corporate regulation, it is an honest mistake of not filing annual report on time. I am asking you to please allow me a benefit of the doubt and accept the \$150 fee to reinstate my corporation.

Also, please advise if reinstatement is equivalent to Annual report.

I thank you for your anticipated understanding.

Sincerely,

  
Val Tsyan