

2005 FOR PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000151613 1. Entity Name CIRCUS MATRIX, INC.					
Principal Place of Business 5823 SANDY POINTE DRIVE SARASOTA, FL 34233			Mailing Address 5823 SANDY POINTE DRIVE SARASOTA, FL 34233		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARDEN, NILES 5823 SANDY POINTE DRIVE SARASOTA, FL 34233			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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		<i>[Signature]</i> PRES. NILES GARDEN		DATE 4-28-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete ☐		CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete ☐		CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete ☐		CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete ☐		CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete ☐		CITY-ST-ZIP	Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> PRES. NILES GARDEN 4-28-05 941/894-0357		
SIGNATURE			DATE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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