

FILED

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA 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

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33122

Country

City & State

Zip

Country

CR25081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 09/17/20045. FEI Number
20-1640554Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$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
MiamiState
FLZip Code
33122☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

9/8/08 (305) 267-1092

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
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