PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	ı
REINSTATEMEN	7



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 JUL 22 PM 3:57

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #	P96	00000	9537
1. Corporation Name	; , -		•

ROYAL PALACE CIRCUS INC

2. Principal Office Address	3. Mailing Office Address	— REINSTATEMENT 01-02
2831 RINGLING BLU	10 2831 RINGLING BE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04.30-02 90159 023 \$150.0
Svike 207-6	Suite 207-C	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida / 9'45
SARASOTA, FL.	SANA SOTA, FO	5. FEI Number Applied For S9-3370588 Not Applied For
Zip Country	Zip Country	C. The state of th
34237 SARASOTA	34237 SAMASON	CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current	- Constant of Status
Name HAAAA	AURKUL IN	SOOOGECOATE -

ĺ	Name	<u>it</u>
·	HARRY DUBSKY TR.	600006669456- -07/26/02010040
	Street Address (P.O. Box Number is Not Acceptable) 2831 RINGLING BLUD	****700.00 ****70
` ', 	Suite, Apt. #, Etc.	- 500006669456 -
	City SALOSOKA, SEE SEE SEE SEE SEE	*************************************

Registered Agent

How Allenser MUST SIGN

Date 4/15/02

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 Officer and/or Dir	Each rector	City / State / Zip	
P/V	D HARRY DUBSKY Jr. 2831		331 Ringling BLUD Zore		SARASCHA, FC. 34237		
	<u>-</u>	·					
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							1724

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 filling 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 agcurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date