

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 18 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000079185

1. Corporation Name

CIRCUS MAXIMUS, INC.

Principal Place of Business

1719 SOUTH ANDREW AVE  
D  
FORT LAUDERDALE FL 33316

Mailing Address

1719 SOUTH ANDREW AVE  
D  
FORT LAUDERDALE FL 33316

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/1999

5. FEI Number

65-1020407

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P/V/S T	CHOMAS, STEPHEN A	<del>760 OXFORD AVE, SUITE 100</del> 1432 SW 30TH STREET	FT LAUDERDALE FL <del>33304</del> 33315

8. Name and Address of Current Registered Agent

CHOMAS, STEPHEN A  
1719 SOUTH ANDREWS AVE STE D  
FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)

282

Circus Maximus, Inc.  
1719-D South Andrews Avenue  
Fort Lauderdale, FL 33316

October 16, 2001

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

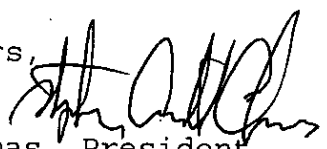
Re: Circus Maximus, Inc. (P99000079185) Annual Report

Dear Sir or Madam,

We have received a notice of dissolution from your office. We have no record of receiving an annual report from your office. Therefore, we have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00, and for the certificate of status fee of \$8.75.

Please accept our report and our payment as payment in full as we did not receive your first notice. Thank you for your consideration and cooperation in this matter.

Very Truly Yours,

  
Stephen A. Chomas, President