

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 10:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N00000001554**

1. Corporation Name

THE CHAMP FOUNDATION, INC.

Principal Place of Business

Mailing Address

~~261 NW 194TH COURT~~
~~MIAMI FL 33182~~

PO BOX 720395
 MIAMI FL 33182

~~20831 SW 240 ST.~~

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

2. New Principal Office Address, If Applicable

20831 SW 240 ST.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State
MIAMI FLORIDA

City & State

Zip
33031

Country
USA

Zip Country



4. Date Incorporated or Qualified To Do Business in Florida

01/10/2000

5. FEI Number

65-1066126

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PEREZ, REINALDO	261 NW 194TH COURT 20831 SW 240 ST	MIAMI FL 33182 MIAMI FL. 33031
D/S	PEREZ, RICHARD SUE GREEN	261 NW 194TH COURT 8700 SW 43 ST.	MIAMI FL 33182 MIAMI FL 33165
D/N	KNOX, GREGG	261 NW 194TH COURT 3020 SW 16ST	MIAMI FL 33182 MIAMI FL 33145
D/T	RUIZ, THERESA	3840 SW 102 AVE #0223	MIAMI FL 33165

8. Name and Address of Current Registered Agent

PEREZ, REINALDO
~~261 NW 194TH COURT~~ **20831 SW 240ST**
~~MIAMI FL 33182~~ **MIAMI FL. 33031**

9. Name and Address of New Registered Agent

Name **PEREZ, REINALDO**
 Street Address (P.O. Box Number is Not Acceptable)
20831 SW 240ST
 Suite, Apt. #, Etc.
 City **MIAMI** State **FL** Zip Code **33031**

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

11/5/02

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 REQUIRED
REINALDO PEREZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

Date

11/5/02 (308) 442-2500

Daytime Phone #

CR2040 (8/02)