

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 DEC 19 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

91-02

DOCUMENT # N 29746

1. Corporation Name

Champion Condominium Association, Inc.

2. Principal Office Address

13355 Tamiami Tr.

3. Mailing Office Address

1309 Broad Creek Rd.

Suite, Apt. #, etc.

Unit C

Suite, Apt. #, etc.

-

City & State

North Port, FL

City & State

Bloomington, IL

Zip

34287

Country

USA

Zip

61704

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

12/15-1988

5. FEI Number

650139682

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Debra E. Murphy

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

13355 Tamiami Tr.

500009603235  
12/19/02--01096--001 \*\*918.76

Suite, Apt. #, Etc.

Unit C

City

North Port

State

FL

Zip Code

34287

CR2E081 (9/01)

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

Debra E. Murphy

Date 12-14-02

REGISTERED AGENT MUST SIGN

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 Each Officer and/or Director	City / State / Zip
P/D	Debra E. Murphy	13355 Tamiami Tr Unit C New	North Port, FL 34287
V/P/D	Pat O'Neill	13355 Tamiami Tr Unit C	North Port FL 34287
D	Theodore W. Geithman	14124 S. Tamiami Tr.	North Port, FL 34287

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 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:

Debra E. Murphy Debra E. Murphy

12-14-02

Date

309-663-0888

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR