

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 430595

1. Entity Name
CHAMPION BRANDS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 24 PM 12:34

Principal Place of Business
**5571 FLORIDA MINING BLVD. S.
JACKSONVILLE, FL 32257**

Mailing Address
**POB 56260
JACKSONVILLE, FL 32257**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

10142008 REIN-P CR2E098 (1/07)

4. FEI Number
59-1474127

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENTON, ALVIN E. JR.
5571 FLORIDA MINING BLVD. S.
JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **A.E. BENTON Jr.** **10/14/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BENTON, ALVIN E. JR.
5571 FLORIDA MINING BLVD
JACKSONVILLE, FL 32257**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VDS
RUNNELS, F. NEAL
2000 REDBUD
MCALLEN, TX 78504**

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**700136945607
10/15/08--01022--004 **158.75**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **A.E. Benton Jr.** **10/14/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #