

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 465269

1. Corporation Name

CHAMPION COMMERCIAL BROKERS, INC.

Principal Place of Business

Mailing Address

5623 US 19
SUITE 150
NEW PORT RICHEY FL 34652
US

~~5623 US 19~~
~~SUITE 150~~
~~NEW PORT RICHEY FL 34652~~
~~US~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1604 MEGREGOR PARK CIRCLE

FT. MYERS FLORIDA

33908

US

4. Date Incorporated or Qualified To Do Business in Florida

11/21/1974

5. FEI Number

59-1661403

Applied **SP**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDS	SHLOPAK, EGOR G.	5030 WEST SHORE DR	NEW PORT RICHEY FL
PDS	SHLOPAK, EGOR G.	1604 MEGREGOR PARK CIRCLE	FT. MYERS, FL. 33908
			400003052704--4 -11/23/99-01026--005 *****750.00 *****750.00
			400003052704--4 -11/23/99-01026--006 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EGOR G. SHLOPAK
5030 WEST SHORE DR
NEW PORT RICHEY FL 34652

Name **EGOR G. SHLOPAK**
Street Address (P.O. Box Number is Not Acceptable)
1604 MEGREGOR PARK CIRCLE
Suite, Apt. #, Etc.
City **FT. MYERS** State **FL** Zip Code **33908**

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

Egor G. Shlopak
REGISTERED AGENT MUST SIGN

Date **11-5-99**

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

Egor G. Shlopak
EGOR G. SHLOPAK

Date

Daytime Phone #

11-5-99 941-432-0904

REINSTATEMENT *gg*



FILED

99 NOV -8 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/99)