

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV 13 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004034

1. Entity Name
CHAMPION PARTS, INC.



Principal Place of Business
2005 WEST AVENUE B
HOPE, AR 71801-0579

Mailing Address
2005 WEST AVENUE B
HOPE, AR 71801-0579

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302006 REIN-P CR2E098 (11/05)

4. FEI Number
36-2088911

☐ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Cynthia L. Harris

Cynthia L. Harris
as its agent

10/30/06

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	PCEO	☐ Delete
NAME	BRAGIEL, JERRY A	
STREET ADDRESS	2005 WEST AVENUE B	
CITY-ST-ZIP	HOPE, AR 718010579	
TITLE	D	☐ Delete
NAME	GROSS, JOHN R	
STREET ADDRESS	2005 NORTH BROADWAY	
CITY-ST-ZIP	CREST HILL, IL 60438	
TITLE	D	☐ Delete
NAME	KATZ, BARRY L	
STREET ADDRESS	226 CITY AVENUE, SUITE 14	
CITY-ST-ZIP	BALA CYNWYD, PA 19004	
TITLE	D	☐ Delete
NAME	PERELMAN, RAYMOND G	
STREET ADDRESS	225 CITY AVENUE, SUITE 14	
CITY-ST-ZIP	BALA CYNWYD, PA 19004	
TITLE	D	☐ Delete
NAME	GROSS, RAYMOND F	
STREET ADDRESS	2004 SOUTH 88TH	
CITY-ST-ZIP	FORT SMITH, AR 72903	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	700080870777
CITY-ST-ZIP	10/16/06--01029--020 \$750.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Prasanna Deso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/06 870-777-8821