

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000000466

Entity Name: CHALLENGER LIFTS, INC.

FILED  
Oct 06, 2006  
Secretary of State

## Current Principal Place of Business:

200 CABEL STREET  
LOUISVILLE, KY 40206

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3944  
LOUISVILLE, KY 402013944

## New Mailing Address:

FEI Number: 61-1225957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LENTZ JR, JOSEPH A  
8422 INDIAN WELLS WAY  
NAPLES, FL 34113 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: JOSEPH A. LENTZ JR.

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete  
Name: LENTZ, JEROME L  
Address: 709 FARMINGHAM RD.  
City-St-Zip: LOUISVILLE, KY 40243

Title: COO ( ) Delete  
Name: REAVIS, DAVID R  
Address: 205 STILLWOOD CT.  
City-St-Zip: LOUISVILLE, KY 40223

Title: S ( ) Delete  
Name: ROBINSON, PHYLLIS A  
Address: 10220 GLENMARY FARM  
City-St-Zip: LOUISVILLE, KY 40291

Title: D ( ) Delete  
Name: BRYANT, MILO D  
Address: 1700 PARK SHORE RD.  
City-St-Zip: LAGRANGE, KY 40031

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R. REAVIS

COO

10/06/2006

Electronic Signature of Signing Officer or Director

Date