

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 26 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO1000002461

1. Limited Liability Company's Name

CHAMPION INVESTMENTS, L.L.C.

2. Principal Office Address

5850 NW 72 CT

3. Mailing Office Address

5850 NW 72 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND

City & State

PARKLAND

Zip

FLORIDA

Country

USA

Zip

33067

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified

To Do Business in Florida

6. FEI Number

65-1076047

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MICHAEL J. BUCKNER

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

5850 NW 72 CT PARKLAND

Suite, Apt. #, Etc.

City

FLORIDA

State
FL

Zip Code
33067

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/27/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MICHAEL J. BUCKNER	5850 NW 72 CT	PARKLAND, FLORIDA 33067

REINSTATEMENT

03-04

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 3/27/04

Daytime Phone# 561-347-9875

Typed or printed name of signing Managing Member/Manager MICHAEL J. BUCKNER

CR2E041 (10/02)