

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 22 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300036961573
05/20/04--01049--001 **155.00

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DOCUMENT # L01000017111

1. Limited Liability Company's Name

CHAMPION INTERNATIONALE, LLC

2. Principal Office Address

32949 TRESTLE LN.

Suite, Apt. #, etc.

City & State

TEMECULA CA

Zip Country

92592

USA

3. Mailing Office Address

30520 RNCHO CA RD

Suite, Apt. #, etc.

SUITE 107-119

City & State

TEMECULA CA

Zip Country

92591

USA

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified

To Do Business in Florida 10-5-01

6. FEI Number

05-1141637

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

JUANITA MACKENZIE

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

3175 SEASHELL WAY

Suite, Apt. #, Etc.

City

MELBOURNE BEACH

State

FL

Zip Code

32951

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

Juanita Mackenzie

REGISTERED AGENT MUST SIGN

Date

5-4-04

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	GRANT MACKENZIE	30520 RNCHO CA RD SUITE 107-119	TEMECULA CA 92591
mgrm	BRIDGET MACKENZIE	30520 RNCHO CA RD SUITE 107-119	TEMECULA CA 92591

REINSTATEMENT

2003-2004

JB

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

Bridget C Mackenzie

Date

5-4-04

Daytime Phone #

9093632001

Typed or printed name of signing Managing Member/Manager

BRIDGET MACKENZIE

CR2E041 (10/02)