

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -5 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L020000022200

1. Limited Liability Company's Name

Champenae' Development LC

2. Principal Office Address

2913 Indian River Dr

Suite, Apt. #, etc.

City & State

Cocoa, Fl

Zip

32922

Country

Brevard

3. Mailing Office Address

2913 Indian River Dr

Suite, Apt. #, etc.

City & State

Cocoa, Fl

Zip

32922

Country

Brevard

900035531969

4. State/Country of Formation 026 **200.00

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/27/2002

6. FEI Number

54-2073883

Applied For

No 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

Soileau, John L. Esquire

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

3490 N. Highway US 1

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32923-6007

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

Date 04/26/2004

REGISTERED AGENT MUST SIGN

JOHN L SOILEAU

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	Rossini, Roy	2913 Indian River Dr	Cocoa, Fl 32922
MGRM	Muller, Richard	165 N. Canal St, Suite 1525	Chicago, Il 60606

REINSTATEMENT 2003-2004

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 04/26/04

Daytime Phone # 321-504-0674

Typed or printed name of signing Managing Member/Manager

Roy Rossini

CP2E041 (10/02)