

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 23 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000023432

1. Corporation Name

CHAMPION, L.L.C.

25 S. 2ND STREET
25 S. 2ND STREET

2. Principal Office Address
25 S. 2ND STREET

Suite, Apt. #, etc.

3. Mailing Office Address
25 S. 2ND STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

USA

Zip

32250

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/26/2003

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BARON L. BARTLETT, ESQ., BARTLETT & DEAL, P.A.

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

135 PROFESSIONAL DRIVE

Suite, Apt. #, Etc.

SUITE 101

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

[Handwritten Signature]

Date December 9, 2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MMM	JOEL SMEENGE	25 S. 2ND STREET	JACKSONVILLE BEACH FL 32250

REINSTATEMENT 2004

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *[Handwritten Signature]* JOEL SMEENGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/9/04

Daytime Phone # 904-759-7499

CR2E081 (01/04)

LO300002 3432

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

December 9, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

nc

Re: CHAMPION, LLC


Dear Sir or Madam:

I attest and confirm that Champion, LLC did not receive the annual renewal form as the address printed is incorrect.

I am enclosing a reinstatement signed form and my check for \$158.75 for same. Please call me if there are any questions and thank you for your assistance in this matter.

Sincerely,

CHAMPION, LLC,
A Florida limited liability company

By: 
Joel Smeenge, as Managing Member