

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000094427

FILED
Oct 07, 2005
Secretary of State

Entity Name: CHAMPION LIFT SYSTEMS, LLC

Current Principal Place of Business:

6368 OLD CHENEY HIGHWAY
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 617681
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 20-2058186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MASHBURN, ERIC S ESQUIRE
102 EAST MAPLE STREET
WINTER GARDEN, FL 34787 US

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: ERIC S. MASHBURN, ESQUIRE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MATERIAL MANAGEMENT, SPECIALTIES, I N C.
Address: 6368 OLD CHENEY HIGHWAY
City-St-Zip: ORLANDO, FL 32807

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLARK, JERRY W
Address: 989 GLENMEADOW DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR () Change (X) Addition
Name: KOLMETZ, MARK R
Address: 10736 HARKWOOD BLVD.
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JERRY W. CLARK

MGR

10/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date