

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

2010-2013



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Limited Liability Company's Name

THE CHAMPION IN ME, LLC

DOC # L05000079712

2. Principal Office Address - No P.O. Box #

233 NE 2ND AVENUE

Suite, Apt. #, etc

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Zip

Country

4. State/Country of Formation

FLORIDA/ PALM BEACH COUNTY

5. Date Organized or Qualified  
To Do Business in Florida

08/2005

6. FEI Number

263217948

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

FREDERICA BRANT

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

233 NE 2ND AVENUE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33444

E-mail Address:

900243928559  
01/23/13--01016--002 \*\*\$55.00

Freddie efreddiadam5.com

(To be used for future annual report notices)

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

*Frederica Brant*

REGISTERED AGENT MUST SIGN

Date 01/17/2013

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
MEMBER	FREDERICA BRANT	233 NE 2ND AVENUE	DELRAY BEACH, FL 33444

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

*Frederica Brant*

Date 01/17/2013

Daytime Phone # 561-635-1231

Typed or printed name of signing Managing Member/Manager FREDERICA BRANT