

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN 13 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L40306

1. Corporation Name  
CHAMPON 100% NATURAL PRODUCTS INC.

Principal Place of Business Mailing Address  
10528 MENDOCINO LANE  
BOCA RATON, FL 33428

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>JAN 1990</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0201673</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	LOUIS CHAMPON	10528 MENDOCINO LANE	BOCA RATON, FL 33428

REINSTATEMENT 91 99

73 1/14/99

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-01/20/99--01063--004  
\*\*\*1870.00 \*\*\*1870.00

8. Name and Address of Current Registered Agent <u>ANTHONY PUCILLO</u> <u>222 PICCADILLY STREET</u> <u>SUITE 100</u> <u>WEST PALM BEACH, FL 33407</u>		9. Name and Address of New Registered Agent Name <u>LOUIS CHAMPON</u> Street Address (P.O. Box Number is Not Acceptable) <u>10528 MENDOCINO LANE</u> Suite, Apt. #, Etc. City <u>BOCA RATON</u> State <u>FL</u> Zip Code <u>33428</u>	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature]  
REGISTERED AGENT MUST SIGN

Date 1-8-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(f), 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:

[Signature] LOUIS CHAMPON  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99  
Date

954-587-1855  
Daytime Phone #

CR2E081 (12/98)