

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

DOCUMENT # L99000002974

1. Limited Liability Company's Name

CHAMPION APARTMENTS, LLC

2. Principal Office Address

2237 N. Commerce Parkway

Suite, Apt. #, etc.
Suite 3

City & State

Weston, FL

Zip
33326

Country
USA

3. Mailing Office Address

2237 N. Commerce Parkway

Suite, Apt. #, etc.
Suite 3

City & State

Weston, FL

Zip
33326

Country
USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**
May 21, 1999

6. FEI Number
65-0393293

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

Name
ROSS H. MANELLA, ESQUIRE
ROSS H. MANELLA, P.A.

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

2237 N. Commerce Parkway

Suite, Apt. #, Etc.

Suite 3

City

Weston, FL

000003458370-7
-11/09/00-01033-007
****150.00 ****150.00

State
FL

Zip Code
33326

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

[Signature]
ROSS H. MANELLA, ESQUIRE

REGISTERED AGENT MUST SIGN

Date October 16, 2000

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
Mgr.	David Ellner	10085 Bay Harbour Drive Terrace	Bay Harbour Island, FL 33154

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

[Signature]
David Ellner

Date 10-24-00

Daytime Phone # 305 866-2400

Typed or printed name of signing Managing Member/Manager

David Ellner