

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001554

1. Corporation Name

THE CHAMP FOUNDATION, INC.

Principal Place of Business

Mailing Address

261 NW 194TH COURT
MIAMI FL 33182

PO BOX 720395
MIAMI FL 33182

~~20831 SW 240 ST.~~

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

20831 SW 240 ST.
Suite, Apt. #, etc. N/A

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State

Zip 33031 Country USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2000

5. FEI Number

65-1066126

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PEREZ, REINALDO	261 NW 194TH COURT 20831 SW 240 ST	MIAMI FL 33182 MIAMI FL. 33031
D/S	PEREZ, RICHARD SUE GREEN	261 NW 194TH COURT 8700 SW 43 ST.	MIAMI FL 33182 MIAMI FL 33165
D/N	KNOX, GREGG	261 NW 194TH COURT 3020 SW 16 ST	MIAMI FL 33182 MIAMI FL 33145
D/T	RUIZ, THERESA	3840 SW 102 AVE #0223	MIAMI FL 33165

8. Name and Address of Current Registered Agent

PEREZ, REINALDO
261 NW 194TH COURT 20831 SW 240 ST
MIAMI FL 33182 MIAMI FL. 33031

9. Name and Address of New Registered Agent

Name PEREZ, REINALDO
Street Address (P.O. Box Number is Not Acceptable)
20831 SW 240 ST
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33031

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/5/02

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINALDO PEREZ
PRESIDENT

Date

Daytime Phone #

11/5/02 (308) 442-2500

CR2040 (802)