

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 25 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 29 746

1. Corporation Name

Champion Condominium Association, Inc.

2. Principal Office Address

13355 Tamiami Tr

Suite, Apt. #, etc.

City & State

NORTH PORT, FL.

Zip

34287

Country

USA

3. Mailing Office Address

2200 West Eau Gallie Blvd.

Suite, Apt. #, etc.

Suite 110

City & State

Melbourne, FL.

Zip

32935

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-15-1988

5. FEI Number

65-0139682

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Murphy, Debra E.

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

2200 West Eau Gallie Blvd.

Suite, Apt. #, Etc.

Suite 110

City

Melbourne

State

FL

Zip Code

32935

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Debra E. Murphy

REGISTERED AGENT MUST SIGN

Date 5-24-05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Debra E. Murphy	2200 West Eau Gallie Blvd Suite 110, Melbourne, FL	Melbourne, FL 32935
VP/D	Jeffrey Price	13355 Tamiami Trail Unit D+E	NORTH PORT, FL 34287
D	Ward Davis	13355 Tamiami Trail Unit A+B	NORTH PORT, FL 34287

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05/05/05--01051--011 **367.50

10. 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:

Debra E. Murphy

Debra E. Murphy

5/24/05

389-663-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #