

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 17 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000012951

1. Corporation Name

Champion Millennium Chemicals, Inc.

000024252390
10/29/03--01047--016 **\$00.00

2. Principal Office Address

570 Herndon Parkway

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

City & State

Herndon, VA

City & State

Zip

20170

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 7, 2000

5. FEI Number

593624960

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ron Bucher

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

22400 Sea Bass Dr.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

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

[Signature]

Date OCT 24, 03

REGISTERED AGENT MUST SIGN

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
MR.	Louis Champion, President	11089 Newwood Dr. Manassas, VA 20111	Manassas VA 20111

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:

[Signature] LOUIS CHAMPION
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Date

703 330-1572

Daytime Phone #