PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION</b>
· FOR
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P01000042786

1. Corporation Name

## CHAMPION CHEMICAL & DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

'FILED 04 MAY 27 AM 10: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA

				170 NW 123 STREET Alami FL 33168 IS				500035764235				
If above addresses are incorrect in any way, line through incorrect information and enter correction to						orrection below.	05/07/	0401073-	-029	**50 <b>.</b> 00		
New Principal Office Address, If Applicable     New Mailing				ng Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     04/26/2001					
Suite, Apt. #, etc. Suite, Apt.				, etc.			5. FEI Number	7		<del>-                                    </del>		
City & State			City & State				65-1104569 Not Applica					
Zip	Country -Zip						6.  CERTIFICATE OF STATUS DESIRED  S8.75 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)	Name of Officers and/or Directors					et Address of Each cer and/or Director		City / State / Zip				
D	JOHNSON, KEN	370 NW 123RD STREET				MIAMI FL 33168						
ĺ	Johnson Bernadette Johnson Bernadette				370 N.W. 123 52 370 N.W. 123 52			. ,				
7	Johnson CARNARD			370NW. 123799			<b>Z</b> .	Miami 1	Flæ	331188		
M	A.K.CÍ	4rK		3701 N	١٠W٠	19学史	5	Epopult	<b>G</b> ree	k F/a 33	واطاها	
	Ashbourne							05/07/0401073030 **100.00				
8. Name and Address of Current Registered Age				ent			9. Name and Address of New Registered Agent					
JOHNSON, KENNETH 370 NW 123 STREET MIAMI-FL-33168					Street Address (P.O. Box Number is Not Acceptable)  Suite_Apt_#,Etc							
10. I, being a	12	ered agent of the abo	ove named corpo	oration, am fan	niliar wit	h and accept the ol	-	%-357 %-3575	or 617.0505	•		

REGISTERED AGENT MUST SIGN

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date

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## CHAMPION CHEMICAL & DEVELOPMENT CORPORATION 370 NW 123 STREET MIAMI, FL 33168

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March 3, 2004

FLORIDA DEPT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

Dear Sir or Madam:

I am writing this letter in response to my receiving a Notice of Dissolution. I was taken aback. I did not receive the annual renewal notice the URB form for the year 2003. I am sending in my regular renewal fee of \$150.00 along with the completed reinstatement application. Thanking you in advance.

Sincerely,

Kenneth Johnson