

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

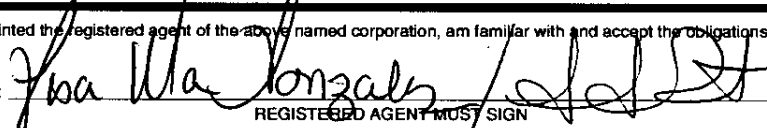
REINSTATEMENT 03-04

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<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P02000107334			
<b>1. Corporation Name</b> CHAMPOUX, INC.			
<b>2. Principal Office Address</b> 13820 W NEWBERRY ROAD  Suite, Apt. #, etc. SUITE 200  City & State NEWBERRY  Zip 32669  Country USA		<b>3. Mailing Office Address</b> 13820 W NEWBERRY ROAD  Suite, Apt. #, etc. SUITE 200  City & State NEWBERRY  Zip 32669  Country USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> OCTOBER 3, 2002	
<b>5. FEI Number</b> 74-3068153	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> LORI G PARENT	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 13820 W NEWBERRY ROAD	
<b>Suite, Apt. #, Etc.</b> SUITE 200	
<b>City</b> NEWBERRY	<b>State</b> FL
<b>Zip Code</b> 32669	

<b>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.</b>	
<b>Signature of Registered Agent</b> 	<b>Date</b> 3-18-04
<b>REGISTERED AGENT MUST SIGN</b>	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
D	LORI G PARENT	13820 W NEWBERRY RD, STE 200	NEWBERRY, FL 32669
D	LISA GONZALEZ	13820 W NEWBERRY RD, STE 200	NEWBERRY, FL 32669

<b>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.</b>	
<b>SIGNATURE:</b> 	<b>3-18-04</b> <b>332-2887</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date</b> <b>Daytime Phone #</b>

CR2ED81 (01/04)

Champoux, Inc.  
13820 W Newberry Road  
Suite 200  
Newberry, Fl 32669  
352-332-2887

February 24, 2004

Division of Corporations  
Reinstatement Division  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We sent our 2003 UBR with a check for \$150.00 (which cleared our bank on March 24, 2003). Apparently there was a request for more information sent to us that we never received. We were advised to complete the attached reinstatement form with this letter and a check for \$150.00 in order to reinstate our corporation. Please waive the reinstatement fees.

Sincerely,

Lori G Parent  
Registered Agent/Director