

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

2010-2015



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 NOV 12 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000116860

1. Corporation Name

CHAMPIONSHIP Realty INC.

2. Principal Office Address - No P.O. Box #

6538 CAMARILLO TERR. LN.

Suite, Apt. #, etc.

City & State

Delray Beach, FL.

Zip

33446

Country

Palm Beach

3. Mailing Office Address

6538 CAMARILLO TERR LN.

Suite, Apt. #, etc.

City & State

Delray Beach FL.

Zip

33446

Country

Palm Beach

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/2002

5. FEI Number

37-1447808

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75. Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven P. KOGAN

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

6538 CAMARILLO TERR. LN.

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

400279096014  
11/12/15--01041--001 \*\*1508.75

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]*  
REGISTERED AGENT MUST SIGN

Date 11/10/2015

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.	STEVEN P. KOGAN	6538 CAMARILLO TERR LN.	Delray Beach, FL 33446

10. E-mail Address: STADMA 18 @ AOL.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the person 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]* STEVEN P. KOGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/2015 (561) 866-0372

Date

Daytime Phone #