

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 26 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P24433

1. Corporation Name

CHAMPAGNE SPECIALTIES, INC.

Principal Place of Business

CHAMPAGNE SPECIALTIES, INC.
1636 WAMBOLT ST
JACKSONVILLE FL 32202
US

Mailing Address

6953 PITTSFORD-PALMYRA RD.,
FAIRPORT NY 14450

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

CHAMPAGNE SPEC. INC.

5626 TEC DRIVE

E. AVON N.Y.

14414

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1989

5. FEI Number

16-1232376

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVS	CHAMPAGNE, THOMAS	6953 PITTSFORD-PALMYRA	FAIRPORT NY
TD	CHAMPAGNE, THOMAS	6953 PITTSFORD-PALMYRA	FAIRPORT NY

8. Name and Address of Current Registered Agent

BLOOM, RUSSELL J.
100 NINA COURT
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name ZORAN LACIZ
Street Address (P.O. Box Number is Not Acceptable)
1578 RIVER HILLS CIR. W
Suite, Apt. #, Etc.
City JACKSONVILLE State FL Zip Code 32211

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date AUG-22-2003

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 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.

585-226-6050

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sept. 8 2003