P 1 2 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 18 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049761

1. Corporation Name

Champions in Healthcare, Inc

REINSTATEMENT 02-06

CR2E081(1/05) JAN 23 2006

2. Principal Office Address	3. Mailing Office Address
6 Fisher Lane	6 Fisher Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33483 Country: USA	Zip: 33483 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650512481 ☐ 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: Samuel R. Bierstock

Street Address (P.O. Box Number is Not Acceptable): 417 Palm Trail

500065191565
02/06/06--01010--022 **600.00

Suite, Apt. #, Etc.

City: Delray Beach State: FL Zip Code: 33483

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: Samuel R Bierstock Date: 1/12/06

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
P	Samuel R Bierstock	417 Palm Trail	Delray Beach, FL 33483

500065191565
02/06/06--01010--023 **8.75

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 contained in Chapter 119, 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: Samuel R Bierstock

Samuel R. Bierstock — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 12, 2006 — Date

561 243-3673 — Daytime Phone #

P5 932

Samuel R Bierstock

417 Palm Trail
Delray Beach, FL 33483
561 243-4757 (Tel) 561 243-4093 (Fax)

January 13, 2006

Department of State
Division of Corporations
Corporation Reinstatement
PO Box 6327
Tallahassee, FL 32314

Re: Request for elimination of penalty fee

Dear Sirs:

Enclosed please find my completed application for reinstatement of Champions in Healthcare, Inc, document number P94000049761

I was unaware that the dissolution had occurred and did not receive any notification at any point since 2003 that the dissolution was impending or had occurred.

I would therefore like to request that the associated penalty charge be eliminated. You r consideration in this matter would be greatly appreciated.

Thank you,

Samuel Bierstock
Registered Agent and President
Champions in Healthcare, Inc