

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR **96**  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV 18 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000093044**

1. Corporation Name

**CHAMPRESS ENTERPRISES, INC.**

Principal Place of Business

4730 NORTHWEST 11 PLACE  
FORT LAUDERDALE FL 33313

Mailing Address

4730 NORTHWEST 11 PLACE  
FORT LAUDERDALE FL 33313

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

4. Date Incorporated or  
To Do Business in Florida

5. FEI Number

6.

CERTIFICATE OF STATUS DESIRED ☒

400002011634--5

-11/21/96--01093--026

\*\*\*383.75 \*\*\*383.75

12/07/1995

Applied For  
Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	PRESCOD, VERONICA H	4730 NORTHWEST 11 PLACE	FORT LAUDERDALE FL 33313
VD	<del>CHAMBERLAIN, ISABELLE</del> Prescod Paul A	4730 NORTHWEST 11 PLACE	FORT LAUDERDALE FL 33313
S	<del>CHAMBERLAIN, ELAINE</del> Anderson Veronica T	4730 NORTHWEST 11 PLACE	FORT LAUDERDALE FL 33313
T	<del>PRESCOD, PAUL A</del> Prescod, Veronica H	4730 NORTHWEST 11 PLACE	FORT LAUDERDALE FL 33313

REINSTATEMENT

11-18-96

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: **Peter D. Small**  
Street Address (P.O. Box Number is Not Acceptable):  
**6195 Rock Island Rd.**  
Suite, Apt. #, Etc.:  
**# 505**  
City: **Tamarac** State: **FL** Zip Code: **33319**

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

11/14/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/96

Date

954-586-3007

Daytime Phone #