PLEASE READ	ALL INST	BUCTIONS	BEFORE C	COMPLETING THIS FORM.
APPLICATION FLORIDA DEPARTMENT OF Sandra B. Mortham Secretary of State			NT OF STATE	7
REINSTATEMENT DIVISION OF CORPORATIONS				1997 OCT 17 AM 9: 27
DOCUMENT # P96000023618				
CHAMPION GLOBAL, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address				
3485 WEST FLAGLER STREET, #500 MIAMI, FLORIDA 33135				
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			A Data Incorporated as Qualified	
!				4. Date Incorporated or Qualified To Do Business in Florida 3/15/96
City & State	City & State	Suite, Apt. #, etc.		5. FEI Number Applied For
Zip Country Zip		Country		65-0689641 Not Applicable 6. S8.75 Additional Fee regular
			<u> </u>	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corp. Title(s) 2 Name of Officers and/or Directors 3 (Do NOT			eet Address of Each ficer and/or Director se Post Office Box N	
P/D LUIS PEREZ 3485 W. FLAGLE				
s servery.				
				1000023258410 -10/21/37-01060007 ****750.00 ****750.00
		-a409/197		
			RE	EINSTATEMENT
			·	
Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent
			S PEREZ	
MIGUEL RODRIGUEZ-BETANCOURT 34				O. Box Number is Not Acceptable) V. FLAGLER ST
			Suite, Apt. #, Etc. 500	
			City MIAMI	State Zip Code FL 33135
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 Date 10 //4/97				
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: LUIS A. PERE PRSIDENT 10/14/47 Date Objection Date Option Printed Name of Signing Officer on Direction				