

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2012 MAY 18 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000016374

1. Corporation Name

CHAMPION CITRUS, INC.

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

1615 North View Drive

Suite, Apt. #, etc.

Sunset Island No. 1

City & State

Miami Beach, Florida

Zip

33140

Country

U.S.A.

3. Mailing Office Address

1615 North View Drive

Suite, Apt. #, etc.

Sunset Island No. 1

City & State

Miami Beach, Florida

Zip

33140

Country

U.S.A.

REINSTATEMENT

07-12

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1998

5. FEI Number

65-0905535

☐ 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

Jose R. Caraballo

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

1615 North View Drive

Suite, Apt. #, Etc.

Sunset Island No. 1

City

Miami Beach

State

FL

Zip Code

33140

100235287621
05/18/12--01007--015 **1500.00

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

Jose R. Caraballo
REGISTERED AGENT MUST SIGN

Date 05/16/2012

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
PSPD	Jose R. Caraballo	1615 North View Drive	Miami Beach, FL 33140

MAY 18 2012

S. TONER

10. E-mail Address:

(To be used for future annual report notification)

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., 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:

Jose R. Caraballo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/16/2012 786-445-2762

Date

Daytime Phone #