

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000037991

1. Corporation Name

B-A-CHAMP.COM, INC.

Principal Place of Business

2275 SWALLOW HILL ROAD
PITTSBURGH PA 15220

Mailing Address

2275 SWALLOW HILL ROAD
PITTSBURGH PA 15220

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 Qualified
To Do Business in Florida

04/27/1998

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

08

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	4 City / State / Zip
D	COOPER, FRED E.	2020 ENGLISH TURN DRIVE	PRESTO PA 15142
			100003576711--9 -01/26/01--01060--024 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

PRINZ, BETH T
1100 S. FEDERAL HIGHWAY
STUART FL 34994

9. Name and Address of New Registered Agent

Name
Mr. Richard Dungey
Street Address (P.O. Box Number is Not Acceptable)
1100 S. Federal Highway
Suite, Apt. #, Etc.
P. O. Drawer 6
City
Stuart
State
FL
Zip Code
34995-0006

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

Richard Dungey
REGISTERED AGENT MUST SIGN

Date 1/15/01

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.

SIGNATURE:

Susan Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T1-15-0 (412) 429-0673
Date Daytime Phone #

CR2E040 (8/00)