PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION **LORIDA DEPARTMENT OF STATE** Jim Smith FILED Secretary of State DIVISION OF CORPORATIONS 02 NOV 22 AMII: 04 P98000098613 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA CHAMPIONS U.S.A., INC. Principal Place of Business Mailing Address 4701 SW 45TH ST 4701 SW 45TH ST BLDG. 14 BAY 2 &4 BLDG. 14 BAY 2 &4 DAVIE FL 33314 DAVIE FL 33314 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Frincipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date I · prated or Qualified less in Florida To Do al... 11/24/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0878159 City & State Not Applicable Zip 6. Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Title(s) Street Address of Each and/or Directors Officer and/or Director City / State / Zip P **TUMBARELLO, NICHOLAS** 7360 STIRLING RD APT 305 DAVIE FL 33024 ٧ **TUMBARELLO. LOUIS** 7360 STIRLING RD APT 305 DAVIE FL 33024 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name BRAULT, MICHAEL CR2E040 (8/02) 1 COLAS 7800 W. OAKLAND PK BLVD BLDG 'G' ~ -SUNRISE FL 33351 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. or 617.0505, F.S. Signature of 11.13.2002 Registered Agent

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 filling 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 and only that 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 ue the same legal effect as if made under oath.

SIGNATURE:

I IFA D II NEW SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Versatile Warehouse 4701 SW 45th Street bld 14 Davie FL 33314 754 244 13 72

November 13,2002

Subject: Administrative Dissolution

Dear, sir, madam

Champions usa inc had filed the uniform business report and send to you in time, with the one hundred and fifty dollars the money that you withdraw from Wachovia bank check #1126 account of champions usa inc.

We think that a mistake has been made and we are sure that this matter are going to be resolve as fast as you can.

We are going to refilled again the form that you send to us to make it easy for you. You must reinstate our company right away without fees or charge.

If you need more information about is matter, we'll be happy to send you any document to proof that we did every thing right.

You can also contact us at 754 244 13 72

Sincerely yours,

President of Champions USA In

Nicolas TUMBARELLO