

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 28 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 799000046739

1. Corporation Name

CHAMPION AIRPORT TRANSPORTATION
INC.

2. Principal Office Address

20894 SPRINGS TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

20894 SPRINGS TERRACE

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

BOCA RATON

Zip

33428

Country

PALM BEACH

Zip

33428

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

5-19-99

5. FEI Number

650921832

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

JOHN C. VARELAS

300004952813-3

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

20894 SPRINGS TERRACE

02/19/02 01016-007

****308.75 ****308.75

Suite, Apt. #, Etc.

P

City

BOCA RATON

State
FL

Zip Code

33428

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

John C. Varelas

Date 1-25-02

REGISTERED AGENT MUST SIGN

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
President	JOHN C. VARELAS	20894 SPRINGS TERRACE	BOCA RATON FL 33428

10. 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:

John C. Varelas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

Date

Daytime Phone #

CR2E081 (9/01)