PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG -8 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000091446

1. Corporation Name
Champs Pizza, Inc.

REINSTATEMENT 8/1/03

2. Principal Office Address	3. Mailing Office Address
3455 Hiatus Road N.	3455 Hiatus Road N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Fort Lauderdale, FL	Fort Lauderdale, FL
Zip: 33351 Country: USA	Zip: 33351 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida ~~8/17/2000~~ 10/12/99

5. FEI Number 650960231 ☐ 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: Russell Reynolds

Street Address (P.O. Box Number is Not Acceptable): 6921 N.W. 5th Place

600022142236 08/08/03--01013--001 ** 050.00

Suite, Apt. #, Etc.:

City: Margate State: FL Zip Code: 33063

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: Russell E. Reynolds (REGISTERED AGENT MUST SIGN) Date: 8/6/03

CR2E031 (10/02)

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
D	Russell Reynolds	6921 NW 5th Place	Margate, FL 33063
VP	Sherri Ricci	6921 NW 5th Place	Margate, FL 33063
P	Russell Reynolds	6921 NW 5th Place	Margate, FL 33063

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: Russell E Reynolds / Russell E. Reynolds 8/6/03 954-366-2326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B