PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
01 OCT 19 AM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014407

1. Limited Liability Company's Name
UTOPIAN DESIGN GALLERY & DESIGNER HOMES LLC

2. Principal Office Address		**3.** Mailing Office Address	
10518 FAYE		10522 FAYE WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
TALLAHASSEE, FLA.		~~FL~~ TALLAHASSEE, FLA.	
Zip	Country	Zip	Country
32317	~~FLORIDA~~ U.S.A.	32317	U.S.A.

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
59-3638237
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
TODD McGEE

Street Address (P.O. Box Number is Not Acceptable)
10522 FAYE WAY

REINSTATEMENT 2007

Suite, Apt. #, Etc.

City	State	Zip Code
TALLAHASSEE	FL	32317

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Todd A. McGee Date 10/18/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	MICHAEL MADISON	10518 FAYE WAY	TALLAHASSEE/FLA/32317
PARTNER	TODD MCGEE	10522 FAYE WAY	TALLAHASSEE/FLA/32317
PARTNER	COREY PRESSLEY	4396 COOL EMERALD DRIVE	TALLAHASSEE/FLA/32303
			300004546003--3
			-10/19/01--01056--001
			****150.00 ****150.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Todd A. McGee Date 10/ /01 Daytime Phone # 566-2976 (MOBILE)

Typed or printed name of signing Managing Member/Manager TODD A. MCGEE