

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUN 21 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700104743547
06/22/07--01042--004 **200.00

CR2E041 (1/07)

LIABILITY

COMPANY

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000098775

1. Limited Liability Company's Name

Utopia Court Investments, LLC

2. Principal Office Address - No P.O. Box #
2811 Emathla Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33133

Country
USA

3. Mailing Office Address
2811 Emathla Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33133

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 10/05/2005

6. FEI Number

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
Brent D. Klein

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

Suite, Apt. #, Etc.
Suite 1900

City
Miami

State
FL

Zip Code
33131

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date June 6, 2007

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
mgrm	Eduardo del Rivero	2811 Emathla Street	Miami, FL 33133

REINSTATEMENT

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

Date 6/6/2007

Daytime Phone # 305-666-2101

Typed or printed name of signing Managing Member/Manager Eduardo del Rivero