

L96000000517

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUL 27 PM 1:31

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000000517**

UTOPAN WORLD VENTURES, L.C.
C/O SPIVACK AND CAPLAN
12000 BISCAYNE BLVD., SUITE 803
MIAMI, FL 33181

1a. Principal Place of Business Address

907 HYACINTH DRIVE
DELRAY BEACH, FL 33483

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

907 HYACINTH DRIVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33483

Country

U.S.A.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

5/9/96

3a. State of Formation

FLORIDA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

LAWRENCE A. CAPLAN, ESQ.
12000 BISCAYNE BLVD.
SUITE 803
MIAMI, FL 33181

8. Name and Address of New Registered Agent

Name

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

100002601881--1

Suite, Apt. #, etc.

-07/23/98--00087--001

****886.25 ****886.25

City

Zip Code

FL

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

Date

10. Title

Managing Member/Managers

Business Street Address

City, State & Zip Code

MAN

STEVE JONES

907 HYACINTH DRIVE

DELRAY BEACH, FL 33483

MEM

LAWRENCE CAPLAN

12000 BISCAYNE BLVD.
SUITE 803

MIAMI, FL 33181

REINSTATEMENT

97-98

OR CUS 7-27

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

7/23/98

Daytime Phone #

305-893-3354

Typed or printed name of signing Managing Member/Manager

LAWRENCE A. CAPLAN