

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 19 PM 1:50

DOCUMENT # P00000102922

1. Corporation Name

UTOPIAN REALITIES, INC.

Principal Place of Business

310 WAYMONT CT., #104  
LAKE MARY FL 32746

Mailing Address

310 WAYMONT CT., #104  
LAKE MARY FL 32746



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/2000

5. FEI Number

59-3683307

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PALMER, CHARLES B	310 WAYMONT CT., #104	LAKE MARY FL 32746
D	PALMER, TODD W	310 WAYMONT CT., #104	LAKE MARY FL 32746
			300004703243--5 -12/04/01--01008--013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

PALMER GROUP, INC.  
310 WAYMONT CT., #104  
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/12/07

11. 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/01 407-936-1400

Daytime Phone #

CR2040 (8/01)

# UTOPIAN REALITIES, INC.

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310 Waymont Ct., Suite # 104, Lake Mary, FL 32746 • Tel (407) 936 -1400 • Fax (407) 936 -1401  
[www.utopianrealities.com](http://www.utopianrealities.com)

November 16, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
- Tallahassee, FL 32314

Re: Reinstatement of Utopian Realities, Inc.  
Document # P00000102922

Enclosed you will find the application and fee for reinstatement. I never received the application for renewal or did I receive notice that the application had not been filed.

Please be aware that I am responsible for five other entities at this address and each of those renewals were filed weeks before the deadline, had I received this it would have been filed.

Should you need additional information please contact me at (407) 936-1400.

Thank you,



Sharon Medlin  
Administrative Assistant

/sm