

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

Mailing Address

**310 WAYMONT CT., #104
LAKE MARY FL 32746**

**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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3683307

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

9. Name and Address of New Registered Agent

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

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

11/12/01

Date

407-936-1400

Daytime Phone #

CR2E040 (8/01)

UTOPIAN REALITIES, INC.

310 Waymont Ct., Suite # 104, Lake Mary, FL 32746 • Tel (407) 936 -1400 • Fax (407) 936 -1401
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