

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 27 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000048138

1. Corporation Name

UTZER, INC.

2. Principal Office Address

770 Palm Bay Lane

Suite, Apt. #, etc.

Suite 6H

City & State

Miami, FL

Zip

33138

Country

Miami-Dade

3. Mailing Office Address

770 Palm Bay Lane

Suite, Apt. #, etc.

Suite 6H

City & State

Miami, FL

Zip

33138

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

4/25/2003

5. FEI Number

20-0232330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven K. Baird, P.A.

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

5981 NE 6th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Steven K. Baird, president
REGISTERED AGENT MUST SIGN

Date

10/12/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	Alice Lyon	770 Palm Bay Lane Ste 6H	Miami, FL 33138
T	Adam Best	770 Palm Bay Lane, Ste 6H	Miami, FL 33138

DR 12/27

400043651244
12/27/04--01083--015 **150.00

10. 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:

Adam Best
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADAM BEST

Date

12/24/04 (305) 576-1007

Daytime Phone #

CR2E081 (01/04)

STEVEN K. BAIRD, P.A.

ATTORNEY AT LAW

5981 N.E. Sixth Avenue
Miami, Florida 33137

phone (305) 757-6755
fax (305) 757-6756
e-mail skbpa@cs.com

December 22, 2004

Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Utzer Inc.

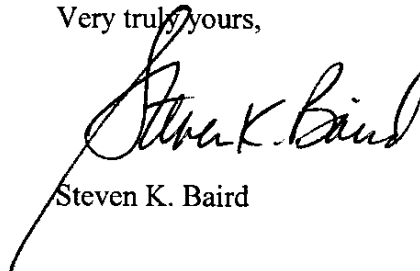
Ladies and Gentlemen:

Enclosed is an original and one copy of the application for corporation reinstatement for Utzer, Inc. (the "Corporation"). Also enclosed is a check in the amount of \$150 for the Corporation's 2004 annual report and corporate supplemental Fees.

We hereby request that the Division waive the \$600 Reinstatement Fee for the Corporation's reinstatement. The reason that the Corporation did not timely pay the 2004 annual fee is that the Corporation did not receive the Division's notice in early 2004.

If you cannot grant this request, please contact me at the address or telephone number above. Thank you for your attention and consideration.

Very truly yours,

A handwritten signature in black ink, appearing to read "Steven K. Baird", is written over a horizontal line.

Steven K. Baird

SKB:mjc
encl.
cc: Adam Best