

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 NOV -5 AM 11:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P9800039042
 1. Corporation Name
CLUB UTOPIA, INC.

Principal Place of Business Mailing Address
 1610 N.W. 119 St. 1610 N.W. 119 St.
 Miami, FL 33167 Miami, FL 33167

1. If principal office address is incorrect in any way, line through incorrect information and enter correction below.
 2. Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Country Country

4. Date Incorporated or Qualified To Do Business in Florida April 29, 1998

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1. Name of Officers and/or Directors	2. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	3. City / State / Zip
PRES. CHARITE FISNOR	57 N.W. 84 STREET	MIAMI, FLORIDA 33150
		500003046245--6 -11/16/99--01089--009 ****500.00 ****500.00
		500003046245--6 -11/16/99--01089--010 ****250.00 ****250.00
		500003046245--6 -11/16/99--01089--011 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

CHARITE FISNOR
 57 N.W. 84th STREET
 MIAMI, FL 33150

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: *Charite Fisnor* Date _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Charite Fisnor* Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAX-MACK, USA "OUR AIM YOUR GAIN"
ACCOUNTING • TAX CONSULTANT • NOTARY

TM
USA

9820 NORTHWEST 7TH AVENUE
MIAMI, FLORIDA 33150
TELEPHONE: 305 696-6565 • 693-5195
FAX: 694-1944

November 1st, 1999

Department of State
Division of Corporations
Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

Dear Sir/Madam:

Please find enclosed a check in the amount of \$758.75 for the Reinstatement of Club Utopia, Inc.

Thank you for your assistance.


Kellie K. Daniels