

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED
Jul 11, 2002 8:00 A.M.
Secretary of State

**CORPORATION
 REINSTATEMENT**



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

DOCUMENT # P98000039042

1. Corporation Name

CLUB UTOPIA, INC.
 7606 N.W. 17th AVENUE
 MIAMI, FLORIDA 33147

2. Principal Office Address

7606 N.W. 17th AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33147

Country

DADE

Zip

Country

**4. Date Incorporated or Qualified
 To Do Business in Florida**

04/30/1998

5. FEI Number

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

CHARITE FISNOR

600006661436--7

Street Address (P.O. Box Number is Not Acceptable)
 57 N.W. 84th STREET

-07/25/02--01049--015

***450.00 ***450.00

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33150

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

Charite Fisor

REGISTERED AGENT MUST SIGN

Date

7-8-2002

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

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:

Charite Fisor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-2002

Date

786-234-0517

Daytime Phone #

CR2EDR1 (9/01)

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July 8th, 2002

Department of State
Division of Corporation
Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Club Utopia, Inc. #P98000039042

Dear Sir/Madam:

This is to inform you that I have never received an annual renewal form from your Department. The corporation was filed in 1998 and we have since moved our offices. Please waive the fees for reinstatement.

Sincerely yours,

Charite Fisnor

Charite Fisnor