

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 AUG -4 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000053858**

1. Corporation Name

UTOPIA MARKETING, INC.

2. Principal Office Address

6633 NW 25TH TERRACE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33496

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

06/16/1998

5. FEI Number

943069101

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

ROBERT KARBOWSKY

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

238 WESTEMONTE DRIVE

Suite, Apt. #, Etc.

STE. 210

City

ALTAMONT SPRINGS

State

FL

Zip Code

32714

REINSTATEMENT

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **7-24-06**

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 D	VANCE KISTLER	6633 NW 25TH TERRACE	BOCA RATON, FL 33496
V D	ELENA OTAKONOVA	6633 NW 25TH TERRACE	BOCA RATON, FL 33496
S D	JAMES WIKS	1117 AKERS RIDGE	ATLANTA, GA 30339

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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 contained in Chapter 119, 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

VANCE KISTLER

Date

8/4/06

Daytime Phone #

(561) 818-4729