PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 NOV -2 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000025441**

1. Corporation Name

ENCLAVE PUBLISHING COMPANY

Principal Place of Business	Mailing Address
~~2305 NW 44TH PL~~ ~~GAINESVILLE FL 32605~~ US	~~2305 NW 44TH PL~~ ~~GAINESVILLE FL 32605~~ US

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
Suite, Apt. #, etc. 4131 NW 13th St. #201	Suite, Apt. #, etc. 4131 NW 13th St. #201
City & State Gainesville FLA.	City & State Gainesville Fl.
Zip 32609 Country USA	Zip 32609 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/17/1997

5. FEI Number: 59-3446754 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DCPV	PULCINI, MICKEY	~~2305 NW 44TH PL~~ 4131 NW 13th St. #201	GAINESVILLE FL ~~32605~~ 32609
VP	PULCINI, SANDRA	2305 NW 44TH PL	GAINESVILLE FL 32605
			500003455155--1 -11/07/00--01067--017 ****150.00 ****150.00
			Notice was received BM 11/2/00

8. Name and Address of Current Registered Agent

PULCINI, MICKEY
~~2305 NW 44TH PL~~ 4131 NW 13th St. #201
GAINESVILLE FL ~~32605~~ 32609

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: SIGNATURE REQUIRED Date: Nov 1-2000
REGISTERED AGENT MUST SIGN

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 REQUIRED Nov 1-2000 (352) 338-9003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #