

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 25 PM 3:27

DOCUMENT# L00000000706

1. Limited Liability Company's Name

The Enclave, L.L.C.
REINSTATEMENT

2001-
2002

000005153180--4

2. Principal Office Address

8865 Enclave Court

Suite, Apt., etc.

City & State

Sarasota, FL

Zip

34238

Country

U.S.A.

3. Mailing Office Address

2033 Main St.

Suite, Apt., etc.

Suite 600

City & State

Sarasota, FL

Zip

34237

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/19/2000

6. FEIN Number

65-0990381

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Bruce P. Chapnick, Esq.

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

2033 Main Street

Suite, Apt., Etc.

Suite 600

City

Sarasota

State

FL

Zip Code

34237

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligation

ns of Chapter 608, F.S.

Signature of

Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

3/22/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
Managing Member	Lyll Perley	8865 Enclave Court	Sarasota, FL 34238
	REINSTATEMENT	2001-	
		2002	

11. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided for in filing this reinstatement application. The reason for dissolution has been eliminated, the limited liability company names are satisfied, all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate as if made under oath.

chapter 608, F.S. I further certify that when
lest the requirements of section 608.406, F.S., and that
te, and my signatures shall have the same legal effect

Signature of

Managing Member/Manager

[Signature]

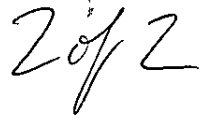
Date 3/22/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

LYALL PERLEY

CR2E04 (9/01)



ACCOUNT NO. : 072102000032

AUTHORIZATION :

COST LIMIT : \$ 205.00 .

CUSTOMER: Ms. Talia R. Kohne
Icard Merrill Cullis Timm
Suite 600
2033 Main Street
Sarasota, FL 34237

CONTACT PERSON: Susie Knight EX 1156
EXAMINER'S INITIALS