

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000022528

02 NOV 13 PM 3:18

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0009370 01 FP 0.352 \*\*PRSR H2 0 0615 32301-623399



ENCLAVE OF LYNN HAVEN, LLC  
2750 OLD ST. AUGUSTINE RD.  
TALLAHASSEE FL 32301-6233



2. New Mailing Address

2750 Old St. Augustine Road (office)

City, State, Zip

Tallahassee, FL 32301

Principal Place of Business

2750 OLD ST. AUGUSTINE RD.  
TALLAHASSEE FL 32301

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/27/2001

6. FEI Number

74-3045365

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

THAMES, WILLIAM G  
2750 OLD ST. AUGUSTINE RD.  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*W. G. Thames, Jr.*

Date 10/24/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>manager</i>	WILLIAM G. THAMES, JR.	518 River Road, Ct.	Tallahassee, FL 32302

ALV

200008963142  
11/13/02--01034--013 \*\*150.00

REINSTATEMENT

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*W. G. Thames, Jr.*

Date

10/24/02

Daytime Phone #

850-656-7667

Typed or printed name of signing Managing Member/Manager

WILLIAM G. THAMES, JR.

*manager*

CR2E(84) (8/02)