

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

17 MAR 23 AM 10:23  
TALLAHASSEE FLORIDA

DOCUMENT # M15000009761

1. Limited Liability Company's Name

Enclave 371 LLC

2. Principal Office Address - No P.O. Box #

2000 E. Edgewood Dr.

Subs. Apt. #, etc.  
Unit 103

City & State  
Lakeland, FL

Zip Country  
33803 USA

3. Mailing Office Address

2000 E. Edgewood Dr.

Subs. Apt. #, etc.  
Unit 103

City & State  
Lakeland, FL

Zip Country  
33803 USA

CR2EM1 (1/14)

4. State/Country of Formation  
Michigan

5. Date Organized or Qualified To Do Business in Florida 12/7/2015

6. FEI Number  
81-0753225

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$9.00 Additional Fee required for a certificate of status

B. Name and Address of Current Registered Agent

Name  
John-Michael Elliott

Street Address (P.O. Box Number is Not Acceptable) Suite,  
2000 E. Edgewood Dr.

Apt. #, Etc.  
Unit 103

City State Zip Code  
Lakeland FL 33803

500299598845  
05/23/17--01033--003 \*\*\$77.50

8. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

Date 5/18/17

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Authorized Representatives/Managers

| Title | Name of Authorized Representative/Managers | Street Address of Each Authorized Representative/Manager | City / State / Zip |
|-------|--|--|--------------------|
|       | Mario Impemba                              | 19945 Gallahad Drive                                     | Macomb, MI 48044   |
|       | Catherine Impemba                          | 19945 Gallahad Drive                                     | Macomb, MI 48044   |
|       |  |  |                    |
|       |  |  |                    |
|       |  |  |                    |

11. E-mail Address tigerpxp@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.135, F.S.

Signature of authorized representative/member

*[Handwritten Signature]*

Date 5-18-17 Daytime Phone # 586-260-7888

Typed or printed name of signing authorized representative/member Merio Impemba, Manager