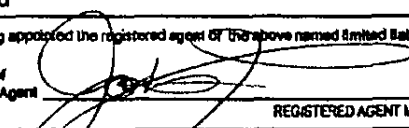
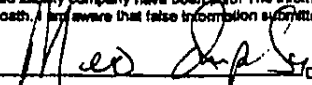


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M15000009778 1. Limited Liability Company's Name Enclave 372 LLC			
2. Principal Office Address - No P.O. Box # 2000 E. Edgewood Dr. Suite, Apt. #, etc. Unit 103 City & State Lakeland, FL Zip Country 33803 USA		3. Mailing Office Address 2000 E. Edgewood Dr. Suite, Apt. #, etc. Unit 103 City & State Lakeland, FL Zip Country 33803 USA	
		4. State/Country of Formation Michigan	
		5. Date Organized or Qualified To Do Business in Florida 12/7/2015	
		6. FE Number 81-0764651	Applied For ☒ Not Applicable
		7. CERTIFICATE OF STATUS DESIRED ☐ See fee schedule on page required for a certificate of status	
8. 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			
9. 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  Date 5/18/17 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/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, and aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.			
Signature of authorized representative/member 		Date 5-18-17	Daytime Phone # 586-260-7888
Typed or printed name of signing authorized representative/member Mario Impemba, Manager			

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RE 5/24/17