17 MAY 23 AM 10:29

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS 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

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2000 E. Edgewood Dr.		2000 E. Edgewood Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Unit 103		Unit 103	
City & State		City & State	
Lakeland, FL		Lakeland, FL	
Zip	Country	Zip	Country
33803	USA	33803	USA

4. State/Country of Formation
Michigan

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

6. FEI Number
81-0764651
☐ 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
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

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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. 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. 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

RE 5/24/17