PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 APR -5 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006212

1. Corporation Name
THE ENCLAVE AT FAIRWAY ISLES HOMEOWNERS ASSOCIATION, INC

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2950 JOG ROAD	2950 JOG ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GREENACRES, FLORIDA	City & State: GREENACRES, FLORIDA
Zip: 33467 Country: USA	Zip: 33467 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 11-04-1997

5. FEI Number: 59-3604464 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $0.75 Additional Fee requires for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Arthur E. Lewis
Street Address (P.O. Box Number is Not Acceptable): 800 Corporate Drive, #
Suite, Apt. #, Etc.: Suite 500
City: Fort Lauderdale State: FL Zip Code: 33334

REINSTATEMENT

600284255926
04/05/16--01024--014 **257.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 3-18-16
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RAFAEL CUERVO	1796 SAWGRASS CIRCLE	GREENACRES, FL 33413
VP	JAMES McKENDRY	1798 SAWGRASS CIRCLE	GREENACRES, FL 33413
T	ROHAN RUSOLEN	1790 SAWGRASS CIRCLE	GREENACRES, FL 33413
S	JULIAN ARAMBURO	1842 SHANDON CREEK RD	GREENACRES, FL 33413
D	RAY DOWNS	1760 SAWGRASS CIRCLE	GREENACRES, FL 33413
			APR 05 2016

10. E-mail Address: DENNIS@CMCMANAGEMENT.BIZ (To be used for future annual report notification)

R. HUNT

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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.817.155, F.S.

SIGNATURE: _____ 3-30-16
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #