

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

02 MAY 24 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N 98 000006209**

1. Corporation Name  
**The Enclave Property Owners' Association, Inc.**

2. Principal Office Address  
**2998 Yukon Drive**

3. Mailing Office Address  
**2998 Yukon Drive**

Suite, Apt. #, etc.  
  
City & State  
**Port Charlotte, FL**

Suite, Apt. #, etc.  
  
City & State  
**Port Charlotte, FL**

Zip  
**33948** Country  
**USA**

Zip  
**33948** Country  
**USA**

**REINSTATEMENT** *999-2002*

4. Date Incorporated or Qualified To Do Business in Florida  
  
5. FEI Number Applied For  
 Not Applicable  
  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**Richard J. Rosenbaum**

Street Address (P.O. Box Number is Not Acceptable)  
**18501 Murdock Circle**  
Suite, Apt. #, Etc.  
**307**

**100005864781-8**  
**-06/19/02--01066--001**  
**\*\*\*\*420.00 \*\*\*\*420.00**

City  
**Port Charlotte**

State  
**FL** Zip Code  
**33948**

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 *Richard Rosenbaum*  
REGISTERED AGENT MUST SIGN

Date **5/22/02**

**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
PD	Nelson Bennett	2998 Yukon Drive	Port Charlotte, FL 33948
VSTD	Susan Bennett	2998 Yukon Drive	Port Charlotte, FL 33948
D	Rochelle Jones	2998 Yukon Drive	Port Charlotte, FL 33948
		<b>358.75 - Adm</b>	
		<b>61.25 - AR</b>	

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Susan Bennett, V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/22/02** Daytime Phone # **941-624-5916**

CR2E081 (9/01)