

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

02 MAY 24 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000006209**

1. Corporation Name

The Enclave Property Owners' Association, Inc.

2. Principal Office Address

2998 Yukon Drive

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33948

Country

USA

3. Mailing Office Address

2998 Yukon Drive

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

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

City

Port Charlotte

State

FL

Zip Code

33948

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

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 J. 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
		358.75 - Adm	
		61.25 - AR	

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)