

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 26 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000093236

1. Corporation Name

Enclave Normandy Corporation

200 South Biscayne Blvd.

2. Principal Office Address

200 South Biscayne Blvd.

3. Mailing Office Address

200 South Biscayne Blvd.

Suite, Apt. #, etc.

3000 Wachovia Financial Center

Suite, Apt. #, etc.

3000 Wachovia Financial Center

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33131

Country

United States

Zip

33131

Country

United States

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida 10/03/2000**

5. FEI Number
651047533

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

Mark S. Meland, Esq.

Street Address (P.O. Box Number is Not Acceptable)

200 South Biscayne Boulevard

Suite, Apt. #, Etc.

3000 Wachovia Financial Center

City

Miami

State
FL

Zip Code
33131

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 7/23/04

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
DP	Leroy Goldstein	17621 S.W. 61 Court	Southwest Ranches, Fl. 33331
DVP	Mark S. Meland	200 South Biscayne Blvd., #3000	Miami, Fl. 33131

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARK MELAND

Date 7/23/04

(305)358-6363

Date

Daytime Phone #

CR2001 (01/04)