## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPO REINSTA	ORATION ATEMEN				S	Secretar	TMENT OF STATE y of State orporations			FILI 05 JUL 13	AH 10:	_				
DOCUMENT # P0200031911									SEURETARY OF STATE TALLAHASSEE, FLORIDA							
1. Corporation ENCLAVE		RUC	TION MA	ANA	GEMENT, I	NC		8(	000 200	5740578						
2. Principal Office Address 1495 FOREST HILL BLVD					3. Mailing Office Address 1495 FOREST HILL BLVD					TEMENT	n3.	-05				
Suite, Apt. #, etc. STE B					Suite, Apt. #, etc. STE B			4. Date Incorporated or Qualified To Do Business in Florida 03/25/2002								
City & State WEST PALM BEACH, FL				City & State WEST PALM BEACH, FL			5. FEI Number Applied For									
Zip 33406	Country			Zip 33406		Country	6.	02-0576057 Not Applicable  6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status								
<u> </u>	7. Name and Address of Current Registered Agent															
s 1 s S	Name RONALD DAETWYLER  Street Address (P.O. Box Number is Not Acceptable) 1495 FOREST HILL BLVD  Suite, Apt. #, Etc. STE B  City WEST PALM BEACH  State Zip Code 33406															
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 7/7/05												CR2F081 (01/05)				
9. Names and	Street Addre	sses o	of Each Offic	er and	/or Director (Flo	rida nonpro	ofit corporations must list at	least 3 directors)		<u> </u>						
Titles	Name of Officers and/or Directors					Street Address of Each Officer and/or Director		City / State / Zip								
P R	RONALD DAETWYLER			<b>₹</b>		1495 F	DREST HILL BLVD STE B		WEST PALM BEACH, FL 33406							
									K	8-7/19						
											,					
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 filling 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.																
SIGNATU		TURE	AND TYPED	OR PRI	SIGNATURE: RONALD DAETWLYER 7/7/05 561-964-6927 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											

## C.R. COOPER, CPA, PA

## 1495 FOREST HILL BLVD STE B WEST PALM BEACH, FLORIDA 33406

American Institute of Certified Public Accountants (561) 964-6927 (561) 432-0008

Florida Institute of Certified Public Accountants FAX (561) 433-3596

July 6, 2005

**Division of Corporations** Uniform Business Report Filings P.O. Box 6327 Tallahassee, Florida 32314

Taxpayer:

ENCLAVE CONSTRUCTION MANAGEMENT, INC

FEIN:

02-0576057

Document #: P02000031911

Tax Form:

UBR

Tax Period: 2003, 2004, 2005

To Whom It May Concern:

We have enclosed check #/238 in the amount of \$450.00 for the 2005 Corporate Reinstatement of ENCLAVE CONSTRUCTION MANAGEMENT, INC., Document # P02000031911.

Please abate the late filing penalty. Mr. Daetwyler did not receive the original Annual Reports. The corporation is newly formed and did not intentionally avoid the filings.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

C. R. Cooper, CPA

Encl.