

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 96 NOV 15 PM 2:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **479655**

1. Corporation Name
CAMELOT SCHOOL, INC.

Principal Place of Business Mailing Address
9777 EAST INDIGO MIAMI FL 33157 **9777 EAST INDIGO MIAMI FL 33157**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT *96*

4. Date Incorporated or Qualified To Do Business in Florida	06/28/1975
5. FEI Number	59-1808006
	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BLACKWELDER, WILLIAM C.	9777 EAST INDIGO	MIAMI FL

600002009806--1
~~11/20/96-01073-011~~
 *****375.00 *****375.00

WBI-B-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BLACKWELDER, WILLIAM C. 9777 EAST INDIGO MIAMI FL 33157		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State FL Zip Code _____	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *William Blackwelder* **SIGNATURE REQUIRED** Date **10-4-96**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *William Blackwelder* **10-4-96** 305-235-2993
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREATING 7/93