

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 OCT 15 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J65686

1. Corporation Name

CAMELOT WEST APARTMENTS, INC.

Principal Place of Business

3333 NE 38TH STREET  
FT. LAUDERDALE FL 33308

Mailing Address

3333 NE 38TH STREET  
FT. LAUDERDALE FL 33308

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/1987

5. FEI Number

65-0001581

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PETRECCIA, MARTINO	3333 NE 38 STREET	FORT LAUDERDALE FL 33308
V	PETRECCIA, ANGELO	5737 NE 15 AVE	FORT LAUDERDALE FL 33334
T	PETRECCIA, ROSETTA	3333 NE 38 ST	FORT LAUDERDALE FL 33308
S	<del>ZURIE</del> , TERESA LURIE	222 IMPERIAL LANE	LAUDERDALE BY THE SEA FL 33308
			500004658185--1 -10/30/01--01003--019 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

PETRECCIA, MARTINO  
3333 NE 38TH STREET  
FT. LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10/12/01

11. 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:

TERI LURIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01

Daytime Phone #

954 -  
565-1931

CR2E040 (8/01)

**CAMELOT WEST APTS**  
**2635 N. ANDREWS AVENUE**  
**FORT LAUDERDALE FLORIDA.33311**  
**954 565-1931**

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October 12th, 2001

Department Of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

RE: 2001 Department of State  
Document Number: J65686

Dear Sirs:

Enclosed please find copy of cancelled check, and copy of letter dated July 5<sup>th</sup>, 2001.

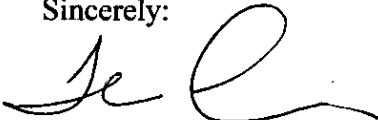
We sent a check in good faith for Camelot West Apartments for the annual filing fee of \$150.00. Due to some errors, the check was posted to the wrong account. A refund was then made by the Department of State to Camelot West Apartments on July 17<sup>th</sup>, 2001. We were out of town, and the manager deposited the check, thus we were unaware of the refund sent. On October 11<sup>th</sup>, 2001, we received the Notice of Dissolution of the Corporation. This made us aware that there was still a problem.

We are enclosing a check in the amount of \$150.00, along with the application.

Please accept this as reinstatement for Document number J65686.

Thanking you in advance.

Sincerely:



Teri Lurie  
Manager

Enclosure