

L99000008783

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

02 AUG -7 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99-8783

1. Limited Liability Company's Name

CAMELOT PARTNERS, LLC

9/28/01

2. Principal Office Address

2455 EAST SUNRISE BLVD.

Suite, Apt. #, etc.

SUITE 313

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

3. Mailing Office Address

2455 EAST SUNRISE BLVD.

Suite, Apt. #, etc.

SUITE 313

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 12/14/1999

6. FEI Number

650968754

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee Required

Lost Certificate Status

8. Name and Address of Current Registered Agent

Name

BEURET, ROBERT

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

2455 EAST SUNRISE BLVD., SUITE 600

Suite, Apt. #, Etc.

SUITE 313

City

FORT LAUDERDALE

State

FL

Zip Code

33304

BR

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

BEURET, ROBERT

REGISTERED AGENT MUST SIGN

Date July 30, 2002

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ELDRIDGE, CORNELIA F.	2455 SUNRISE BLVD. SUITE 600	FORT LAUDERDALE, FL 33304
			100006945531--8

REINSTATEMENT 2001-2002

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

CORNELIA F. ELDRIDGE

Date July 30, 2002

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CORNELIA F. ELDRIDGE

L99000008783



ACCOUNT NO. : 072100000032

REFERENCE : 695569 4310694

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 205.00

FILED
02 AUG - 7 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 7, 2002

ORDER TIME : 10:54 AM

ORDER NO. : 695569-005

CUSTOMER NO: 4310694

CUSTOMER: Ms. Anna Salgado
Broad And Cassel
201 South Biscayne Boulevard
Suite #3000
Miami, FL 33131

RECEIVED
02 AUG - 7 AM 11:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CAMELOT PARTNERS, LLC

BK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____