PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2004 DEC -6 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000008783

1. Limited Liability Company's Name
CAMELOT PARTNERS LLC

2. Principal Office Address	3. Mailing Office Address
1905 N. ATLANTIC BLVD	1905 N. ATLANTIC BLVD
Suite, Apt. #, etc. PHC	Suite, Apt. #, etc. PHC
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33305 Country USA	Zip 33305 Country USA

4. State/Country of Formation FL, USA

5. Date Organized or Qualified To Do Business in Florida 12/14/99

6. FEI Number 650968754 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name ROBERT BEURET

800042170248
10/25/04 01051--018 **150.00

Street Address (P.O. Box Number is Not Acceptable) 1905 N ATLANTIC BLVD

Suite, Apt. #, Etc. PHC

800042170248
12/23/04--01033--008 **50.00

City FT LAUDERDALE State FL Zip Code 33305

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 _____ Date 10/19/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	CORNELIA F. ELDREDGE	1905 N ATLANTIC BLVD	FT. LAUDERDALE, FL 33305

REINSTATEMENT 2003-04

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 608.408, 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 _____ Date 10/19 Daytime Phone # 954-564-4665

Typed or printed name of signing Managing Member/Manager CORNELIA F. ELDREDGE