

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # N99000003374

1. Corporation Name

CAMELOT COMMUNITY CARE, INC.

Principal Place of Business Mailing Address
4620 N STATE RD 7. BLDG H. SUITE 205 4620 N STATE RD 7. BLDG H. SUITE 205
LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1999

5. FEI Number

31-1659302

Applied ☒ SP
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
D/P	DORAMUS, JAMES V	102 WOODMONT BLVD, #450	NASHVILLE TN 37205
D	TRAUBER, BYRON T FAVIS, MARTIN J.	222 FOURTH AVE N 35 KNOLLWOOD ESTATES DRIVE	NASHVILLE TN 37210 ORMOND BEACH FL 32174
D/P/T	GERINGER, STEVEN T MASON, STEVEN J.	5015 E VIA DEL CIELO 104 BROOK FIELD AVENUE	PARADISE VALLEY AZ 85266 NASHVILLE, TN 37205
D	THOMPSON, CAROLYN W.	565 ABERDEEN DRIVE	CRETE, IL 60417
D	BEDELL, DORIS J.	5196 HOPE LANE	SPRING HILL, FL 34606- 1230

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 12-14-2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN J. FAVIS, DIRECTOR

Date

Daytime Phone #

12/13/00

888-
645-1831

CR2E040 (8/00)