

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 MAR -5 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P25899

1. Corporation Name

CAMELOT CARE CENTERS, INC.

Principal Place of Business

102 WOODMONT BLVD.  
SUITE 450  
NASHVILLE TN 37205  
US

Mailing Address

102 WOODMONT BLVD.  
SUITE 450  
NASHVILLE TN 37205  
US

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

09/05/1989

5. FEI Number

36-3465604

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
D	SPICER, JAMES E.	18104 GULF BLVD.	REDINGTON BEACH FL 33708
D	GERINGER, STEVEN	5915 E. VIA DEL CEILO	PARADISE VALLEY AZ 85253
PD	DORAMUS, JAMES V.	102 WOODMONT BLVD., SUITE 450	NASHVILLE TN 37205
D	MCCULLOUGH, GREGORY K	7675 YOUNGER CREEK ROAD	PRIMM SPRINGS TN 38476
D	TRAUGER, BYRON R.	222 4TH AVENUE NORTH	NASHVILLE TN 37219
			000003851270 3 -03/13/01--01105--021 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD.  
PLANTATION FL 33324

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

LS

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

SIGNATURE CONNIE BRYAN  
SPECIAL ASSISTANT, SECRETARY  
REGISTERED AGENT MUST SIGN

Date 3/5/2001

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Sims, Treasurer

3/2/01  
Date

615-386-6755  
Daytime Phone #

CR2E040 (8/00)