

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000047190

1. Corporation Name

CAMELOT PROPERTIES, INC.

Principal Place of Business

Mailing Address

~~610 MERRILL LYNCH~~  
~~5500 SEARS TOWER~~  
~~CHICAGO IL 60606~~

~~610 MERRILL LYNCH~~  
~~5500 SEARS TOWER~~  
~~CHICAGO IL 60606~~

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

2. New Principal Office Address, if Applicable

P.O. Box 06054

Suite, Apt. #, etc.

WACKER DRIVE POST OFFICE

City & State

CHICAGO IL

Zip

60606-0054

Country

USA

3. New Mailing Office Address, if Applicable

P.O. Box 06054

Suite, Apt. #, etc.

WACKER DRIVE POST OFFICE

City & State

CHICAGO, IL

Zip

60606-0054

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/14/1995

5. FEI Number

65-0589359

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ~~Other~~

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	LANSING, JAMES	<del>610 MERRILL LYNCH, 550 SEARS TOW</del> 2143 N. CLIFTON AVE	CHICAGO IL 60606-60614
			200002011972--1 -11/22/96--01015-013 ****383.75 ****383.75

8. Name and Address of Current Registered Agent

~~GILMAN, LAURE L~~  
~~777 SOUTH FLAGLER DRIVE~~  
~~SUITE 310~~  
~~WEST PALM BEACH FL 33401~~  
OLD  
JAMES LANSING  
P.O. Box 06054  
WACKER DRIVE P.O.  
CHICAGO, IL  
60606-0054

9. Name and Address of New Registered Agent

Name  
JAMES LANSING  
235 SUNRISE AVE  
SUITE, APT. #, ETC.  
PALM BEACH  
State  
FL 33480

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

*James Lansing*  
REGISTERED AGENT MUST SIGN

Date 10/1/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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)(l), 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:

*James Lansing*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/96 312-906-6659  
Date Daytime Phone #

CR2040 (7/96)