

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**

99 DEC -2 PM 3:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **281489**

1. Corporation Name

**BCAC OF VOLUSIA COUNTY, INC.**

Principal Place of Business

Mailing Address

1828 N NOVA RD  
 DAYTONA BEACH FL 32017

1828 N NOVA RD  
 DAYTONA BEACH FL 32017



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

4. Date Incorporated or Qualified To Do Business in Florida

05/18/1964

P.O. Box 290357

Suite, Apt. #, etc.

5. FEI Number

Applied For

P.O. Box 290357

City & State

59-1082062

Not Applicable

City & State

Port Orange, FL

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

32129 Volusia

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ALMOND, BILLY V	TOMOKA FARMS & LANGFORD	DAYTONA BEACH FL
D	ALMOND, DOROTHY	TOMOKA FARMS & LANGFORD	DAYTONA BEACH FL
<del>V</del>	<del>HOOPE, TERRANCE N</del>	<del>844 PINE FORREST TRAIL WEST</del>	<del>PORT ORANGE FL 32127</del> <i>Delete</i>
V	LITTLE, L. VIRGINIA	598 ANDREWS ST.	ORMOND BEACH FL 32174

**REINSTATEMENT 99 TS**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALMOND, BILLY V  
 1512 N. NOVA  
 HOLLY HILL FL 32017

Name **600003069546--8**  
 Street Address (P.O. Box Number is Not Acceptable) **-12/14/99--01074--018**  
 Suite, Apt. #, Etc. **\*\*\*750.00 \*\*\*750.00**  
 City State Zip Code  
**FL**

CR2E040 (8/98)

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 *Billy V. Almond* REGISTERED AGENT MUST SIGN

Date 11/29/99

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: *Billy V. Almond*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/29/99

Daytime Phone # 904-761-5458