

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

P.O. Box 290357

Suite, Apt. #, etc.

P.O. Box 290357

City & State

Port Orange, FL

Zip

32129

Country

Volusia

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1964

5. FEI Number

59-1082062

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)

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
V	HOOPES, TERRANCE N	844 PINE FORREST TRAIL WEST	PORT ORANGE FL 32127 <i>Delete</i>
V	LITTLE, L. VIRGINIA	508 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

FL

Zip Code

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
BILLY V. ALMOND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/99
Date

904-761-5458
Daytime Phone #