

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP 11 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 281489

1. Corporation Name

BCAC OF VOLUSIA COUNTY, INC.

2. Principal Office Address

1 John Anderson Drive

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

Unit #101

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Zip

32174

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/18/64

5. FEI Number

591082062

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 00-03

**7. Name and Address of Current Registered Agent**

Name

BILLY V. ALMOND

Street Address (P.O. Box Number is Not Acceptable)

1 John Anderson Drive

Suite, Apt. #, Etc.

Unit 101

City

Ormond Beach,

State

FL

Zip Code

32174

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Billy V. Almond*  
REGISTERED AGENT MUST SIGN

Date September 9, 2003

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BILLY V. ALMOND	1 John Anderson Drive Unit 101	Ormond Beach, FL 32174
SD	DOROTHY ALMOND	1 John Anderson Drive Unit 101	Ormond Beach, FL 32174
TD	DOROTHY ALMOND	(Same as above)	

10. 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  
Billy V. Almond

September 9, 2003 (386) 761-5458

Date

Daytime Phone #

CR2E081 (10/02)

9/9/11