

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Herbert H. Harris  
 Secretary of State  
 DIVISION OF CORPORATION

**01-02 UBR**

*198*

FILED

02 JAN -7 PM 2:01

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000003963

1. Corporation Name

BEST CARE OF DAYTONA, INC.

Principal Place of Business

Mailing Address

155 LAKESIDE WEST  
 DAYTONA BEACH FL 32124

155 LAKESIDE WEST  
 DAYTONA BEACH FL 32124



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

01/06/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3619469

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PTD	FEORE, JOHN PETER SR	155 LAKESIDE WEST	DAYTONA BEACH FL 32124
VSD	POPE-FEORE, TERRI ANN	155 LAKESIDE WEST	DAYTONA BEACH FL 32124
			4000004793804--4 -01/24/02--01024--004 ****300.00 ****300.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POPE-FEORE, TERRI ANN  
 155 LAKESIDE WEST  
 DAYTONA BEACH FL 32124

Name

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

Suite, Apt. #, Etc.

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

*John Peter Feore Sr.*  
 REGISTERED AGENT MUST SIGN

Date

10-25-01

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:

*John Peter Feore Sr.* John Peter Feore Sr. 10-25-01 904-788-3199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (801)

2012



## Best Care of Daytona, Inc

155 Lakeside West  
Daytona Beach, FL 32128  
Ph: 386-788-3199  
Fax: 386-788-1244

24 HOUR EMERGENCY WATER & FIRE RESTORATION

*IICRC Certified Firm*

*Advanced Restorative Drying Techniques*

*IICRC Certified Fire Restoration*

CARPET TILE & GROUT CLEANING & RESTORATION

1/04/02

Attention: Document Specialist Supervisor

Best Care of Daytona Inc. was a sole proprietor in 2001 and change to an S-Corporation in 2001. The company was unaware of having to re-file with the state. We also did not receive paperwork notifying us of this. Please waive the late fees as we were unaware and find enclosed check for \$300.00 for our filing for 2001 and 2002, \$150.00 per year.

We apologize for the lateness and are now aware of future payments and filing to make.

Thank you for your consideration

Sincerely

John P. Feore Sr.  
President  
Best Care of Daytona Inc.