

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P00000008322

1. Corporation Name

BEST PROTECTION DRIVE SERVICES, INC.

Principal Place of Business

Mailing Address

6419 DIAMOND STREET
TAMPA FL 33619

6419 DIAMOND STREET
TAMPA FL 33619

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2000

5. FEI Number

59-3622379

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
Presid.	Ernestine Pete Walker	6419 Diamond St	Tampa, Fl. 33619
Sec.	Mamie Helen-Walker	6419 Diamond St	Tampa, Fl. 33619
Chairman	Elder Arthur Bailey	1765 28th St. South	St. Pete, Fl. 33712
Board	Laura St Clair	2124 N.W. 46 Lane apt 44	Ocala, Fl 34475
Board	Anthony Wayne Mane Jr.	6417 Diamond St.	Tampa, Fl. 33619

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALKER, ERNESTINE P
6419 DIAMOND STREET
TAMPA FL 33619

Name

REV ARTHUR L. BAILEY

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

1765 28th St S

Suite, Apt. #, Etc.

St PETERSBURG FL 33712

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

X REV ARTHUR L. BAILEY
REGISTERED AGENT MUST SIGN

Date

10/24/01

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:

X E. P. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/01

Daytime Phone

for

CR2E040 (8/01)