

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 22 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000051964

1. Corporation Name

BEST WAY INSURANCE, INC.

Principal Place of Business

1000 SO. BELCHER ROAD STE A-1  
LARGO FL 34641

Mailing Address

1000 SO. BELCHER ROAD STE A-1  
LARGO FL 34641

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
12600 S. Belcher Road

Suite, Apt. #, etc.

City & State  
Largo, FL 33773

Zip  
33773

Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip  
Country

4. Date Incorporated or Qualified  
To Do Business In Florida

06/30/1995

5. FEI Number

59-3324498

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
SD	GEIGER, WILLIAM Z	12600 S BELCHER RD, 104A	LARGO FL 33773
TD	KEIF, IRVING W	12600 S BELCHER RD, 104A	LARGO FL 33773
PD	DIROSE, J R	12600 S BELCHER R, 104A	LARGO FL 33773

8. Name and Address of Current Registered Agent

DIROSE, J R  
12600 S BELCHER RD  
STE 104A  
LARGO FL 33773

9. Name and Address of New Registered Agent

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 J.R. DiRose  
J.R. DiRose, Chairman of the Board of Directors  
REGISTERED AGENT MUST SIGN

Date 10/20/99

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.

J.R. DiRose, Chairman of the Board of Directors

SIGNATURE:

J.R. DiRose  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99

Date  
(727) 535-2673  
Daytime Phone #

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**AFFIDAVIT ON SUPPORT OF  
REQUEST TO WAIVE THE  
FLORIDA DEPARTMENT OF STATE  
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA     )  
                              )  
COUNTY OF PINELLAS    )

1. Best Way Insurance, Inc. is a Florida Corporation incorporated to do business on June 30, 1995, (herein "Corporation").

2. That J. Richard DiRose is the Chairman of the Board of Directors Best Way Insurance, Inc., a Florida corporation.

3. That the Corporation was administratively dissolved by the Florida Department of State on September 24, 1999.

4. That the Corporation failed to file its 1999 Annual Report or pay the 1999 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 620 because:

- 4.1 the Corporation changed its address in March 1998; and,
- 4.2 the Corporation did file a forwarding order with the United States Postal Service; and
- 4.3 the Corporation continued to receive mail as a result of filing this order; and,
- 4.4 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State were never received by the Corporation; and
- 4.5 the written notice was never received by Corporation that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.

5. The Corporation requests the Florida Department of State to activate the Corporation upon the payment by the Corporation of its 1999 Annual Report fees and the filing of its Annual Report, which are presented simultaneously with the Affidavit.

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Best Way Insurance, Inc., Satisfies the requirements of the Florida Statutes 620.103.

No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated 20<sup>th</sup> day of October, 1999.

**FURTHER AFFLIANT SAYETH NOT**

Best Way Insurance, Inc.

By:

J. Richard DiRose  
J. Richard DiRose, Chairman of the Board of Directors

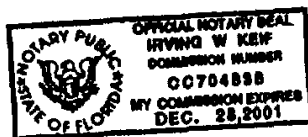
**SWORN AND SUBSCRIBED**

Before me this 20<sup>th</sup> day of October, 1999

Irving W. Keif  
Notary Public, State of Florida at Large

Printed Name: Irving W. Keif

Commission Expires: \_\_\_\_\_



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October 22, 1999

Ms. Stacy Prather  
Division of Corporations  
Reinstatement Department  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **BEST WAY INSURANCE, INC.**  
**DOCUMENT #P09S000051964**

Dear Sirs:

Thank you for taking the time to speak with me yesterday. Pursuant to our conversation, we are sending, under separate cover by Federal Express, an Affidavit In Support of **BEST WAY INSURANCE, INC.** Request to Waive the Florida Department of State Corporation Reinstatement Fee. The Affidavit is self-explanatory.

I have also enclosed, with the Affidavit, a check made payable to the Florida Department of State in the amount of \$158.75 for the 1999 annual report fee. As we discussed, **BEST WAY INSURANCE, INC.** will be made active and current on Friday October 22, 1999 and it will appear as though the Corporation filed its annual report in a timely manner. It will not appear as a reinstatement.

If you have any questions regarding this matter please do not hesitate to contact the undersigned at (954) 979-6464. I will be calling you this afternoon to verify the current active status of **BEST WAY INSURANCE, INC.** I trust that the status will be updated on your web site this afternoon. Thank you for your effort and professionalism.

Sincerely,

*Janice DiRose* /KS

Janice Scinto DiRose  
General Counsel