PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAR 10 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001228

1. Corporation Name

THE ALLEN OUTREACH AND DEVELOPMENT CENTER, INC.

Principal Place of Business: 744 WEST CHURCH ST. Orlando, FL 32805-2294

Mailing Address: 744 WEST CHURCH ST. Orlando, FL 32805-2294

REINSTATEMENT 92.99

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

2. New Principal Office Address, If Applicable
Suite, Apt #, etc.
City & State
Zip
Country

3. New Mailing Office Address, If Applicable
Suite, Apt #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/19/1993

5. FEI Number: 59-3171823
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] **$8.75 Additional Fee required for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip
PC	Cummings, FRANK C. Bishop	11857 Honey Locust Dr. JACKSONVILLE, FL	
V	Kennon, Leroy	8029 Cloverglenn Circle	Orlando, FL 32818
D/T	Hill, Horace E.	248 N. M.L. King JR. BLVD	DAYTONA BEACH, FL 32115
D/T	Mitchell, Robert L.	2323 Courtney Drive	JACKSONVILLE, FL. 32208
D/T	Williams, James O.	3209 WALLER PLACE	Orlando, FL 32805
D/T	MAINER, JOHN A.	6177 Rhythm Circle	Orlando, FL 32808

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Leroy Kennon
Street Address (P.O. Box Number is Not Acceptable): 8029 Cloverglenn Circle
Suite, Apt #, Etc
City: Orlando
State: FL
Zip Code: 32818

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: [signature]
REGISTERED AGENT MUST SIGN
Date: 3.08.99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [ ] No [X]

(See other side for information on intangible tax.)

12. 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: [signature] Leroy Kennon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3.08.99

Daytime Phone #: (407) 246-15

CR2E081 (12/98)