PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV -4 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G32149

1. Corporation Name

ALLEN CHILDREN CENTERS, INC.

Principal Place of Business	Mailing Address
~~1804 ST. JOHNS BLUFF ROAD~~ JACKSONVILLE FL 32216	~~1804 ST. JOHNS BLUFF ROAD~~ JACKSONVILLE FL 32216

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.	2201 Riverside Ave Suite, Apt. #, etc.
City & State	City & State Jax. Fl.
Zip / Country	Zip 32204 / Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 04/07/1983

5. FEI Number: 59-2286897 ☐ 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)

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 4
PTD	ALLEN, BARBARA L.	~~1804 ST. JOHNS BLUFF RD~~ 2201 Riverside Ave.	JACKSONVILLE FL 32204
VSD	OGBURN, WILLIAM R.	1804 ST. JOHNS BLUFF RD	JACKSONVILLE FL
D	ALLEN, ELSIE M.	2201 RIVERSIDE AVENUE	JACKSONVILLE FL
			300002393443--7 -11/05/97--01099--014 ****250.00 ****250.00

8. Name and Address of Current Registered Agent

OGBURN, WILLIAM R.
1804 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32246

9. Name and Address of New Registered Agent

Name: Barbara L. Allen
Street Address (P.O. Box Number is Not Acceptable): 2201 Riverside Ave.
Suite, Apt. #, Etc.:
City: Jax | State: FL | Zip Code: 32204

CR2E040 (8/97)

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: Barbara L. Allen Date: 10-30-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (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: Barbara L. Allen 10-30-97 904-384-6182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

The Allen Children Centers, Inc.

"Where Children and Families Are Special"

1804 St. Johns Bluff Rd.
Jacksonville, FL 32246
(904) 642-1164

6005 Chester Ave.
Jacksonville, FL 32217
(904) 731-2464

10-30-97

3271 Tigerhole Rd.
Jacksonville, FL 32216
(904) 733-3070

2201 Riverside Ave.
Jacksonville, FL 32204
(904) 387-0380

Fla. Dept. of State
Div. of Corps.
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Re: Allen Children Centers Inc.
59-2286897
Annual Report

Dear Sirs:

I have enclosed our "Application for Reinstatement". We did not receive the application (1st one) prior to this "Reinstatement notice.

I have also enclosed a copy of my letter to you dated Jan. 97'. I have two Corporations and mailed the enclosed letter with my application for the Gingerbread House Childrens Center 59-3044224. I did not know at that time if I mailed the one for Allen Childrens Centers Inc. or not. I put the file away and forgot about the matter expecting to hear from you if I had not filed. The only problem I can find is my mailing address was changed to 2201 Riverside Ave. Jax. Fl. 32204.

I called your office and was instructed to explain and mail check for original fee. I think it is $250.00 - if this is wrong please let me know!

Thanks