PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN -4 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004252

REINSTATEMENT 04-08 KS

CR2E081 (1/07)

1. Corporation Name
Allen Human Services Development Corporation, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
732 Orange Ave	P.O. Box 9717
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach, FL	City & State: Daytona Beach, FL
Zip: 32114 Country: US	Zip: 32120-9717 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 08/13/1996

5. FEI Number: 593434587 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Lester J. Cuby
Street Address (P.O. Box Number is Not Acceptable): 7 Fox Hollow Dr.
Suite, Apt. #, Etc.:
City: Ormond Beach State: FL Zip Code: 32174

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Lester J Cuby Date: 12/31/07
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	Donnell Slater	1061 Berkshire Road	Daytona Beach, FL 32117
D	Teresa R. Johnson	120 Laurel Valley Ct.	Daytona Beach, FL 32117
D	Earl McCrary III	133 Coral Circle	Port Orange, FL 32119
D	Rudean Davis	868 Magnolia Ave.	Daytona Beach, FL 32114
D	Nathan M. Mugala	320 N. Lincoln St.	Daytona Beach FL 32114
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10. 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 contained in Chapter 119, 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: Teresa R. Johnson 12/31/07 386-255-1195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #