PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY -3 AM 10:36

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05/03/12--01005--014 **305.25

CR2E081 (11/10)

DOCUMENT # N98000006743

1. Corporation Name

Allen Temple Development Corporation of Ybor City

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2101 N.Lowe Street	2101 N. Lowe Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
N/A	N/A
City & State	City & State
Tampa, Florida	Tampa, Florida
Zip / Country	Zip / Country
33605 / Hillsborough	33605 / Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: November 30,1998

5. FEI Number: 59-2654662 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: James O. Simmons

Street Address (P.O. Box Number is Not Acceptable): 208 Excalibur Court

Suite, Apt. #, Etc.: N/A

City: Brandon | State: FL | Zip Code: 33511

REINSTATEMENT 11-16

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 _____ Date April 18, 2012

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
C	James O. Simmona	Excalibur Court	Brandon,Fl 33511
V	Dr. Cora Dunkley	19236 Meadow Pine Drive	Tampa, Fl 33647
S	Simone Reddick	3117 East 18th Ave.	Tampa, Fl 33605
T	Wilbur Greenlee	1318 West Grace Street	Tampa, Fl 33607

MAY 04 2012

T. CAULEY

10. E-mail Address: jospculemt@aol.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: James O. Simmons James O. Simmons April 23,2012 (813)657-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #