

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 147762

FILED
Sep 29, 2009
Secretary of State

Entity Name: M.D. MOODY & SONS, INC.

Current Principal Place of Business:

4652 PHILLIPS HWY.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5350
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 59-0552036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERTINI, EMIL J
4600 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EMIL J ALBERTINI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MOODY, M D III
Address: 4969 RIVER PT RD.
City-St-Zip: JAX, FL

Title: DIR () Delete
Name: MOODY, T B
Address: 1305 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL

Title: P () Delete
Name: ELIZABETH, NICHOLAS A
Address: 4600 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32207

Title: CFO () Delete
Name: ALBERTINI, EMIL J
Address: 4600 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ELIZABETH, MOODY A
Address: 4600 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: STEPHEN P MOODY
Address: 4600 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMIL J ALBERTINI

CFO

09/29/2009

Electronic Signature of Signing Officer or Director

Date