

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F99000000328**

1. Corporation Name

**INTELLECTUAL DEVELOPMENT SYSTEMS, INC.**

Principal Place of Business

49 OLD SOLOMONS ISLAND ROAD, SUITE 206  
ANNAPOLIS MD 21401

Mailing Address

49 OLD SOLOMONS ISLAND ROAD, SUITE 206  
ANNAPOLIS MD 21401

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

01/19/1999

5. FEI Number

52-2010286

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	BROCK, WILLIAM E	1161 WESTWAY DRIVE	SARASOTA FL 34236
PD	WISTAR, CHARLES M	7008-2 CHANNEL VILLAGE CT.	ANNAPOLIS MD 21403
D	HARDIMAN, JOE	8 BOWEN MILL ROAD	BALTIMORE MD 21212
D	WARNOCK, DAVID	1 SOUTH STREET STE 2150	BALTIMORE MD 21202
D	WOOSNAM, RICHARD	2000 MARKET STREET STE 1400	PHILADELPHIA PA 19103
D	GREENBURG, PAUL <i>SVP - Kitterman, James</i>	209 WEST CHESTNUT HILL AVENUE <i>49 Old Solomons Island Rd</i>	PHILADELPHIA PA 19118 <i>Annapolis MD 21401</i>

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

700028063247  
06/02/04--01052--006 \*\*150.00

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. or 617.0505, F.S.

Signature of  
Registered Agent

**Stacy M. Rosenthal**  
Vice President and  
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

4/30/2004

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., 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:

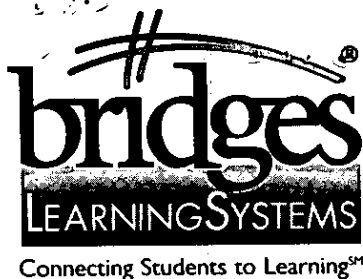
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William E. Brock, Chairman*  
*Stacy M. Rosenthal*

01/29/2004  
Date

Daytime Phone #

CH2E040 (7/03)



B 282

January 30, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: FEIN 52-2010286

Tom Whom It May Concern,

~~Please be advised, we have no record of receiving the 2003 UBR Notice. Our history for~~  
filing our annual reports on time is excellent.

Brenda Howell, our Controller, has contacted our Registered Agent for Florida to help determine why we did not receive the annual notice for filing.

Included in this package is the UBR Notice filed in 2002, the completed reinstatement form, and a check for our annual fee of \$150.00.

If you have any questions, please contact Brenda Howell at (410) 571-9663 x227.

Sincerely,

James Kitterman  
Sr. Vice President