

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# L17945

**FILED**  
**Sep 05, 2010**  
**Secretary of State**

**Entity Name:** MANAGEMENT DEVELOPMENT, INCORPORATED

**Current Principal Place of Business:**

9030 STARPASS DRIVE  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

9030 STARPASS DRIVE  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

**FEI Number:** 59-2972876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMSON, DR. STEVEN A.  
9030 STARPASS DRIVE  
JACKSONVILLE, FL 32256 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:** DR. STEVEN A. WILLIAMSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WILLIAMSON, STEVEN A  
**Address:** 9030 STARPASS DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** VTD  
**Name:** WILLIAMSON, KIMBERLY M  
**Address:** 9030 STARPASS DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** D  
**Name:** MOCK, CURTIS D  
**Address:** 50 HARMONY HALL RD  
**City-St-Zip:** MIDDLEBURG, FL 32068

I hereby 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 all other like empowered.

**SIGNATURE:** DR. STEVEN A. WILLIAMSON

PD

09/05/2010

Electronic Signature of Signing Officer or Director

Date