

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006800

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SCHOOL DEVELOPMENT GROUP, INC.

**Current Principal Place of Business:**

7300 W. MCNAB ROAD #217  
TAMARAC, FL 33321

**New Principal Place of Business:**

154 NW MAGNOLIA LAKES BLVD.  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

7300 W. MCNAB ROAD #217  
TAMARAC, FL 33321

**New Mailing Address:**

PO BOX 881237  
PORT SAINT LUCIE, FL 34988

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

GOTZ, MARK H  
7300 W. MCNAB ROAD #217  
TAMARAC, FL 33321    US

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

GOTZ, MARK H  
154 NW MAGNOLIA LAKES BLVD.  
PORT SAINT LUCIE, FL 34986    US

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: MARK GOTZ

04/29/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GOTZ, MARK H  
Address: 154 NW MAGNOLIA LAKES BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S/T  
Name: GOTZ, MARY L  
Address: 154 NW MAGNOLIA LAKES BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK GOTZ

P

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date