

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 12 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10042007 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P06000082287</b> 1. Entity Name <b>PEOPLE DEVELOPMENT PUBLICATIONS, INC.</b>			
Principal Place of Business <b>P. O. BOX 2550 JACKSONVILLE, FL 32203</b>		Mailing Address <b>P. O. BOX 2550 JACKSONVILLE, FL 32203</b>	
2. Principal Place of Business - No P.O. Box # <b>5050 DASTIE DR. So.</b>		3. Mailing Address <b>P.O. Box 41516</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>JACKSONVILLE, FL.</b>		City & State <b>JACKSONVILLE, FL.</b>	
Zip <b>32209</b>		Zip <b>32203-1516</b>	
Country <b>USA.</b>		Country <b>USA.</b>	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MCCLLOUD, RODERICK P. O. BOX 2550 JACKSONVILLE, FL 32203	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center; font-size: 1.2em;"> <b>400110707174</b>  <b>10/12/07--01009--020 **150.00</b> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLLOUD, RODERICK P. O. BOX 2550 JACKSONVILLE, FL 32203	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Roderick McCloud</i></u> <b>10-08-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

10/15/07