

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
97 OCT 30 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000046680**

1. Corporation Name

**MATERIAL PLACEMENT & DEVELOPMENT CORP.**

Principal Place of Business

7703 SHADOW BOX CT.  
ORLANDO FL 32819

Mailing Address

7703 SHADOW BOX CT.  
ORLANDO FL 32819



**REINSTATEMENT 97**

*10/31*

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

06/15/1995

5. FEI Number

59-3320091

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DVP	HEROLD, R.T.	7703 SHADOW BOX CT.	ORLANDO FL
DST	HEROLD, M.E.	7703 SHADOW BOX CT.	ORLANDO FL
DP	HEROLD, K. M.	7703 SHADOW BOX CT	ORLANDO FL

1000002336921--7  
-11/03/97--01159--016  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

MASHBURN, ERIC S ESQ  
102 E. MAPLE STREET  
WINTER GARDEN FL 34787

9. Name and Address of New Registered Agent

Name

*K.M. Herold*

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

7703 SHADOW BOX CT.

Suite, Apt. #, Etc.

City

*Orlando*

State

**FL**

Zip Code

32819

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*10/27/97*

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/27/97*  
Date

*818-0788*  
Daytime Phone #

CR2E040 (8/97)