

# 2007 FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
37 DEC 12 AM 11:02

**DOCUMENT # P95000046680**



1. Entity Name  
**MATERIAL PLACEMENT & DEVELOPMENT CORP.**

Principal Place of Business P.O. BOX 692111 ORLANDO, FL 32869 US	Mailing Address P.O. BOX 692111 ORLANDO, FL 32869 US
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2. Principal Place of Business - No P.O. Box # <b>7232 Sand Lake Rd., #202</b> Suite, Apt. #, etc.	3. Mailing Address <b>7232 Sand Lake Rd., #202</b> Suite, Apt. #, etc.
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11022007 REIN-P CR2E098 (1/07)

City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>	Zip <b>32819</b>	Country <b>USA</b>
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4. FEI Number <b>59-3320091</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HEROLD, K M**  
**P.O. BOX 692111**  
**ORLANDO, FL 32869**

7. Name and Address of New Registered Agent  
Name: **K. M. Herold**  
Street Address (P.O. Box Number is Not Acceptable): **7232 Sand Lake Road, Suite 202**  
City: **Orlando** FL Zip Code: **32819**

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: *K. Herold* DATE: 12-06-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<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.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEROLD, R.T.			NAME			
STREET ADDRESS	7703 SHADOW BOX CT.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP	<b>300113079613</b>		
					<b>12/12/07--01039--005 **150.00</b>		
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEROLD, M.E.			NAME			
STREET ADDRESS	7703 SHADOW BOX CT.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEROLD, K. M.			NAME			
STREET ADDRESS	7703 SHADOW BOX CT			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

**B 12/11/07**  
**REINSTATEMENT**

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: *K. Herold* DATE: 12-06-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #