

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

2. Principal Place of Business - No P.O. Box #
7232 Sand Lake Rd., #202
Suite, Apt. #, etc.

3. Mailing Address
7232 Sand Lake Rd., #202
Suite, Apt. #, etc.



11022007 REIN-P CR2E098 (1/07)

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32819

Country
USA

Zip
32819

Country
USA

4. FEI Number
59-3320091

Applied For
Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

G. Herold

12-06-07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

G. Herold

12-06-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #