

# F02000000931

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

200004950402--8  
-02/18/02--01091--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: COLLECTIBLE PRODUCTS, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MITCHELL D. O'DONNELL  
(Name of Person)  
SAVAGE, O'DONNELL, McNULTY & AFFELDT  
(Firm/Company)  
601 South Boulder - Suite 600  
(Address)  
Tulsa, Oklahoma 74119-1306  
(City/State and Zip code)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

Mitchell D. O'Donnell at ( 918 ) 599-8400  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☒ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

4p

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. COLLECTIBLE PRODUCTS, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Oklahoma 3. 73-1623346  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 13, 2001 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.))
7. 1900 West New Orleans - Suite 170, Broken Arrow, OK 74012  
(Principal office address)  
P. O. Box 25, Broken Arrow, OK 74013  
(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized under the General Corporation Act of the State of Oklahoma.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: ALEX REECE

Office Address: 1912 NW 67th

Gainesville, Florida 32653  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: JOHN W. HIGHFILL

Address: P. O. Box 25

Broken Arrow, OK 74013

Director: ALEX REECE

Address: 1912 NW 67th

Gainesville, FL 32653

B. OFFICERS

President: JOHN W. HIGHFILL

Address: P. O. Box 25

Broken Arrow, OK 74013

Vice President: ALEX REECE

Address: 1912 NW 67th

Gainesvills, FL 32653

Secretary: ALEX REECE

Address: 1912 NW 67th, Gainesville, FL 32653

Treasurer: JOHN W. HIGHFILL

Address: P. O. Box 25, Broken Arrow, OK 74013

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOHN W. Highfill, President

(Typed or printed name and capacity of person signing application)

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OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING  
DOMESTIC CORPORATION

*I THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

*I FURTHER CERTIFY that COLLECTIBLE PRODUCTS, INC., is a corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*

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DIVISION OF CORPORATIONS  
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*IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Oklahoma at the City of Oklahoma City, this*  
8th day of February, 2002.

*Mike Hunter*  
Secretary of State

By: *Josefina L. Larraga*