

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002168

1. Corporation Name

SAXON PUBLISHERS, INC.

Principal Place of Business

Mailing Address

2450 JOHN SAXON BLVD
NORMAN OK 73071
US

2450 JOHN SAXON BLVD
NORMAN OK 73071
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1993

5. FEI Number

73-1129741

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CHIEF	WANG, FRANK	2450 JOHN SAXON BLVD	NORMAN OK 73071
CEO	SMITH, GERARD	2450 JOHN SAXON BLVD	NORMAN OK 73071
CFO	BUDDENDORF, BOB	2450 JOHN SAXON BLVD	NORMAN OK 73071
VPMK	KILPATRICK, JEFF	2450 JOHN SAXON BLVD	NORMAN OK 73071
VPSL	SCHILLING, FRED	2450 JOHN SAXON BLVD	NORMAN OK 73071
VP	WILLIAMS, JOHN	2450 JOHN SAXON BLVD	NORMAN OK 73071

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REA, JANE

~~P.O. BOX 740~~ 702 S.E. 25TH AVE
POMPANO BEACH FL ~~33061~~ 33062

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date 10/18/03

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 (405) 217-1819



October 15, 2003

Tom Levescy
*Director of Accounting
and Financial Reporting*

Division of Corporations
Annual Report/Reinstatement Section
PO BOX 6327
Tallahassee, FL 32314-6327

Re: F93000002168, Saxon Publishers, Inc.

Dear Sir or Madam:

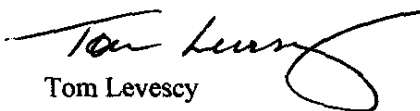
I am writing per the instruction of your representative (Katrina) regarding the Notice of Administrative Dissolution or Revocation received by Saxon Publishers, Inc. (copy enclosed).

On April 17, 2003 we filed our annual Uniform Business Report "UBR" (copy enclosed) and submitted our check number 068705 payable to the Florida Department of State and endorsed by same on April 21, 2003 (copy enclosed). Subsequently, we received your April 26, 2003 notice regarding the need for a street address for our registered agent (copy enclosed). On May 12, 2003 the UBR was returned with the street address requested in your April 26, 2003 notice.

Upon receiving the Notice of Administrative Dissolution or Revocation, I contacted your office and was informed that you had no record of the resubmission of the UBR. As instructed by your office, I am submitting the signed Application for Reinstatement with the understanding that Saxon Publishers, Inc. will be reinstated and the reinstatement fee will be waved.

Please contact me at (405) 217-1800 if you have any questions in regards to this matter.

Respectfully,


Tom Levescy

encl.