

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:30

DOCUMENT # **P01000114554**

1. Corporation Name

SAXON INFORMATION RESOURCES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 02



100008974871
11/14/02--01001--026 **750.00

Principal Place of Business

12761 COOL WATER WAY
JACKSONVILLE FL 32246

Mailing Address

12761 COOL WATER WAY
JACKSONVILLE FL 32246

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

30-0015068

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
D	SMYTH, DAVID	12761 COOL WATER WAY	JACKSONVILLE FL 32246
D	SMYTH, SUSAN	12761 COOL WATER WAY	JACKSONVILLE FL 32246

8. Name and Address of Current Registered Agent

SMYTH, DAVID
12761 COOL WATER WAY
JACKSONVILLE FL 32246

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 8 Nov/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Nov/02
Date

904 610 5977
Daytime Phone #

CR2E040 (8/02)