

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 10 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 8940000 54073

1. Corporation Name

SAXON GROUP, INC.

Principal Place of Business

Mailing Address

450 Challenger Road 450 Challenger Road
Cape Canaveral, FL 32920 Cape Canaveral, FL 32920

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

2. New Principal Office Address, If Applicable

405-F Atlantis Road

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

Zip

32920

Country

USA

3. New Mailing Office Address, If Applicable

405-F Atlantis Road

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

Zip

32920

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/94

5. FEI Number

59-3254975

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ (2)

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,T, S,D	Christopher J. Straka	405-F Atlantis Road	Cape Canaveral, FL 32920
V	Cynthia L. Rentz	405-F Atlantis Road	Cape Canaveral, FL 32920
			700002429097--8 -02/12/98--01082--002 ****767.50 ****767.50
			REINSTATEMENT 97-98 SL 2-11-98

8. Name and Address of Current Registered Agent

Gregory A. Popp, Esq.
450 Challenger Road
Cape Canaveral, FL 32920

9. Name and Address of New Registered Agent

Name

Christopher J. Straka

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

405-F Atlantis Road

Suite, Apt. #, Etc.

City

Cape Canaveral

State

FL

Zip Code

32920

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 01.30.98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Cynthia L. Rentz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cynthia L. Rentz, Vice President

01.30.98

Date

407.799.4900

Daytime Phone #

CR2E040 (12/96)