## 2005 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P98000057485  1. Entity Name SAXON REALTY, INC.  |                                    |                     |      |  | 05 SEP 30 PM 3: 56               |                                 |                            |  |
|---|------------------------------------|---------------------|------|--|----------------------------------|---------------------------------|----------------------------|--|
| Principal Place   | of Business                        | Mailing Address     |      |  |                                  |                                 |                            | t-H-r  |
| 15002 NW 145TH TERRACE P O BOX 817<br>ALACHUA, FL 32615 US ALACHUA, FL 326  |                                    |                     | US   |  | 1 10011000                       | T 18151 19111 2813 8871 8871 88 | B( \$1)5 18811 BIPBI 18121 | <b>*********</b> *************************** |
| 2. Principal Place of Business 3  |                                    | 3. Mailing Address  |      |  |                                  |                                 | J. L. L.                   |  |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc. |      |  | 192.52015                        | SEND CO                         | CR2E098 (6/64              | <del>, 05</del>                              |
| City & State  |                                    | City & State        |      |  | 4. FEI Number 59-3393643         |                                 |                            | Applied For<br>Not Applicable                |
| Zip   | Country Zip Cour                   |                     | Coun | try  | 5. Certificate of Status Desired |                                 | □ \$8.75 Ac<br>Fee Requir  | dditional                                    |
|   | 6. Name and Address of Current Reg | gistered Agent      |      | Nome   | 7. Name and                      | Address of New Regis            | stered Agent               |  |
| SAXON JR., COLE L   |                                    |                     |      |  |                                  |                                 |                            |  |
| 15002 N. W. 145TH TERRACE<br>ALACHUA, FL 32615  |                                    |                     |      | Street Address (P.O. Box Number is Not Acceptable) |                                  |                                 |                            |  |
|   |                                    |                     |      |  |                                  |                                 |                            |  |
|   |                                    |                     |      | City   |                                  |                                 | FL Zip Co                  |  |
| 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   |                                    |                     |      |  |                                  |                                 |                            |  |
| FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2 corporation did not receive the part of the |                                    |                     |      |  |                                  |                                 |                            |  |
| 10.   | OFFICERS AND DIF                   |                     | 11.  |  | ADDITIONS                        | CHANGES TO OFFICE               |                            |  |
| NAME  | PD                                 |                     |      |  | 800060216898                     |                                 |                            |  |
| <del> </del>  |                                    |                     |      | -ST-ZIP  |                                  |                                 |                            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                    | ☐ Delete            |      | <b> </b>   |                                  |                                 | ☐ Change                   | : ☐ Addition                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                    | ☐ Defete            |      |  |                                  |                                 | ☐ Change                   | Addition                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                    | ☐ Delete            |      |  |                                  |                                 | ☐ Change                   | ☐ Addition                                   |
| NAME STREET ADDRESS CITY-ST-ZIP   |                                    | ☐ Delete            |      |  |                                  |                                 | ☐ Change                   | ☐ Addition                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                    | ☐ Delete            |      |  |                                  |                                 | ☐ Change                   | ☐ Addition                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eport 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 expowered.  |                                    |                     |      |  |                                  |                                 |                            |  |
| SIGNATURE: 9/29/05 4/62-2480 SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OF PUER OR DIRECTOR Sale Dayline Phone #  |                                    |                     |      |  |                                  |                                 |                            |  |