

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

95-99 AR

FILED

99 JUN 21 PM 1:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # H21061

1. Corporation Name
 EGYB, INC.

Principal Place of Business Mailing Address
 c/o Thomas W. Deans, P.A.
 EGYB, INC.
 47 W. NEW HAVEN AVENUE, ST#200, MELBOURNE, FL 32901

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

REINSTATEMENT 95-99

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	SPYRIDON ARMENIS	c/o Thomas W. Deans 47 W. NEW HAVEN AV., ST#200, MELBOURNE, FL 32901	
TSD	SERGE SIMEONIDIS	363 12th street, ATLANTIC BEACH, FL 32233	
			600002914776--0 -06/24/99--01092--011 *****8.75 *****8.75
			600002914776--0 -06/24/99--01092--012 ***1350.00 ***1350.00

8. Name and Address of Current Registered Agent
 THOMAS W., DEANS
 47 W. NEW HAVEN AVE.
 SUITE 200
 MELBOURNE, FL 32901

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.
 Signature of Registered Agent [Signature] Date 6-11-99
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 making 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: Spyridon Armenis, SPYRIDON ARMENIS, P.O. June 9, 1999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 1-407-728-2311

CPRE081 (12/98)

LAW OFFICES OF

THOMAS W. DEANS, P.A.

ATTORNEY and COUNSELOR at LAW

THOMAS W. DEANS

47 W. New Haven Avenue
Suite 200
Melbourne, Florida 32901
Telephone (407) 728-2311
Fax (407) 728-2196

June 18th, 1999

*Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314*

RE: EGYB, Inc.

Dear Sirs:

Enclosed is the sum of \$1,350.00 for the reinstatement of EGYB, Inc. together with an additional check in the amount of \$8.75 for a certificate of status.

Should you have any questions, please do not hesitate to contact this office. Your prompt attention to this matter is appreciated.

Very truly yours,



THOMAS W. DEANS

*TWD:jaf
Encls.*