

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT.**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J68755**

1. Corporation Name  
**GBY, INC.**

Principal Place of Business	Mailing Address
1920 FOUNTAINVIEW HOUSTON TX 77057 US	1920 FOUNTAINVIEW HOUSTON TX 77057 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  
 04/22/1987

5. FEI Number **59-2805558**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**FILED**  
 01 OCT 24 AM 11:34  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



*2001* *[Signature]*

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
VT	ENGEL, ROBERT	1920 FOUNTAINVIEW	HOUSTON TX
P	RIZK, FRED	1920 FOUNTAINVIEW	HOUSTON TX
S	THOMPSON, LOIS	1920 FOUNTAINVIEW	HOUSTON TX

900004687519--2  
 -11/13/01--01050--024  
 \*\*\*\$750.00 \*\*\*\$750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WALLER, ROLAND D 5332 MAIN STREET NEW PORT RICHEY FL 34652	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]* **SIGNATURE REQUIRED** Date 10/2/01  
 REGISTERED AGENT MUST SIGN

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 Date Daytime Phone #

CR2E040 (8/01)