

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1982

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 25 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 452119

1. Corporation Name

GABY + GABY, INC.

2. Principal Office Address

6832 SW 68 ST

Suite, Apt. #, etc.

City & State

S. MIAMI, FL

Zip

Country

33143 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

300005081483--6

-03/11/02--01076--008

****308.75 ****308.75

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1974

5. FEI Number

59-1538714

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RON GABY

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

6832 SW 68 ST

Suite, Apt. #, Etc. 118

City

S. MIAMI

State

FL

Zip Code

33143

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ronald Gaby

Date 24 Jan 02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------------|--------------------------------------|---|---------------------------|
| <u>P.T.</u> | <u>SHEILA PARNES GABY</u> | <u>6832 SW 68 ST</u> | <u>S. MIAMI, FL 33143</u> |
| <u>V.S.</u> | <u>RONALD GABY</u> | <u>6832 SW 68 ST</u> | <u>S. MIAMI, FL 33143</u> |
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10. 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:

Sheila Parnes Gaby

SHEILA PARNES GABY

Date

24 JAN. 02

Daytime Phone #

CR2E081 (9/01)

GABY & GABY, INC.
Environmental Consultants

2002

22 February 2002

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

To Whom It May Concern:

Enclosed is Gaby & Gaby, Inc.'s (59-1538714) Corporation Reinstatement form and a check for \$308.75 to cover corporate fees for 2001 and 2002 and a Certificate of Status for 2002.

I am requesting that the reinstatement fee be waived because I never received the forms for filing. I spoke with a staff member who sent me the reinstatement form and she informed me that the forms were sent to my office's previous address and were returned to your office at least twice. As my business has been listed in the Yellow Pages for Miami-Dade County continuously since 1974 and my business phone number has been the same since 1992, it is difficult to imagine that we were not notified of the return of the forms to your office. My office address has changed, and is now:

Gaby & Gaby, Inc.
6832 SW 68th Street
South Miami, Florida 33143

Thank you for your consideration in this matter.

Sincerely,



Sheila Parness Gaby, Ph.D.
President

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