

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

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



1998 MAR 13 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 506041

1. Corporation Name  
**TTBY, Inc.**

Principal Place of Business Mailing Address  
**1723 Lucerne Terrace  
 Orlando, Fl. 32806**

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		4. Date Incorporated or Qualified To Do Business in Florida <b>07/01/1976</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-1677499</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
Pres.	Thomas B. Thames,	1723 Lucerne Terrace	Orlando, Fl. 32806
VP	Allen M. Taylor	1723 Lucerne Terrace	Orlando, Fl. 32806
Sec. Treas.	Gary W. Young	1723 Lucerne Terrace	Orlando, Fl. 32806
Dir.	Gerald J. Brown	400 E. Colonial Drive #305	Orlando, Fl. 32803

**REINSTATEMENT**

97-980  
3/12/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Allen M. Taylor 1723 Lucerne Terrace Orlando, Fl. 32806		Name Street Address (P.O. Box Number is Not Acceptable) <b>000002459730</b> Suite, Apt. #, Etc. <b>-03/17/98--01072--022</b> City <b>****908, FL ****908.75</b>	

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: *Allen M. Taylor* REGISTERED AGENT MUST SIGN Date: **3/11/98**

11. This corporation owes or has paid 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 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: *Allen M. Taylor* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **3/11/98** (407) 843-1180 Daytime Phone #

CR2E040 (1/98)