

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119641

1. Corporation Name

RBBY, INC.

2. Principal Office Address

1405 E. Crown Point Rd.

Suite, Apt. #, etc.

City & State

Ocoee, FL

Zip

34761

Country

Orange

3. Mailing Office Address

1405 E. Crown Point Rd.

Suite, Apt. #, etc.

City & State

Ocoee, FL

Zip

34761

Country

Orange

REINSTATEMENT

03-54

4. Date Incorporated or Qualified
To Do Business in Florida

12-18-01

5. FEI Number

26-0008794

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

Rick W. Burden

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

1405 E. Crown Point Rd.

Suite, Apt. #, Etc.

City

Ocoee

State

FL

Zip Code

34761

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

Rick W. Burden

Date

4-28-04

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 |
|--------|--------------------------------------|---|--------------------|
| PS | Rick W. Burden | 1405 E. crown Pnt Rd | Ocoee, FL 34761 |
| VT | Rebecca E. Yunker | 1405 E. Crown Point Rd | Ocoee, FL 34761 |
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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:

Rick W. Burden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

407 282-4800

Daytime Phone #

CR2E081 (01/04)