

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 JAN 24 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000098429

1. Corporation Name

RBY, INC.

Principal Place of Business

Mailing Address

800 E. CYPRESS CREEK ROAD #302
FORT LAUDERDALE FL 33334

800 E. CYPRESS CREEK ROAD #302
FORT LAUDERDALE FL 33334



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

2. New Principal Office Address, If Applicable

2101 West Commercial Blvd

3. New Mailing Office Address, If Applicable

same

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1999

Suite, Apt. #, etc.

Suite 3500

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

FL

Zip

33309

Country

USA

Zip

Country

5. FEI Number

65-0960206

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KONIG, MARCOS	800 E. CYPRESS CREEK ROAD #302 2101 W. Commercial Blvd Sk 3500 Ft Laud. FL 33309	FORT LAUDERDALE FL 33334 33309
D	KONIG, SALOMON	800 E. CYPRESS CREEK ROAD #302 2101 W. Commercial Blvd Sk 3500 Ft Laud. FL 33309	FORT LAUDERDALE FL 33334 33309
D	KONIG, HARRY	800 E. CYPRESS CREEK ROAD #302 2101 W. Commercial Blvd Sk 3500 Ft Laud. FL 33309	FORT LAUDERDALE FL 33334 33309

REINSTATEMENT 2000

600003654276 3
-02/06/01--01079-014
****750.00 ****750.00

8. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER SUITE 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

Marcos Konig

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

2101 W. Commercial Blvd

Suite, Apt. #, Etc.

SK 3500

City

Ft Laud

State

FL

Zip Code

33309

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]

REGISTERED AGENT MUST SIGN

Date 10/17/00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00

Date

(954) 938-2010

Daytime Phone #

CR2E040 (8/00)