

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 13 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F47572**

1. Corporation Name

Energy Royalties Corporation

~~W06-1348~~

2. Principal Office Address

5873 Cindy Lane

Suite, Apt. #, etc.

City & State

Milton, Florida

Zip

32570

Country

Santa Rosa

3. Mailing Office Address

P.O. Box 4833

Suite, Apt. #, etc.

City & State

Milton, Florida

Zip

32570

Country

Santa Rosa

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1981

5. FEI Number

59-2149554

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:

James Earl Parker Sr.

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

5873 Cindy Lane

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32570

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

REGISTERED AGENT MUST SIGN

Date 1/31/06

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
P	James Earl Parker Sr.	5873 Cindy Lane	Milton, Florida 32570

Handwritten: 2/13

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06

Date

850-516-4562

Daytime Phone #

I did not receive
notice in 1993.



11/11/06

JAMES E. PARKER, SR.