

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL 21 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-11

DOCUMENT # F47572

1. Corporation Name

Energy Royalties Corporation

2. Principal Office Address - No P.O. Box #

6348 Clear Creek Rd.

Suite, Apt #, etc

3. Mailing Office Address

P.O. Box 4833

Suite, Apt #, etc

City & State

Milton, FL

City & State

Milton, FL

Zip

32570

Country

Zip

32572-4833

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/6/1981

5. FEI Number

69-2149554

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

Parker, James E. SR.

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

6348 Clear Creek Rd.

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

7/21/2011

200210225512
07/21/11--01002--002 **1050.00

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	Parker, James E. SR.	6348 Clear Creek Rd.	Milton, FL 32570

cc 7/21

10. E-mail Address: JPJPARKER13@Gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/2011

Date

850.516.4562

Daytime Phone #