

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 30 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P050000 61513

1. Corporation Name

Royalty Investments of South
Florida, Inc.

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

3204 Greenwood Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Same as #2

Zip

33407

Country

US

Zip

Same as #2

Country

US

REINSTATEMENT

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2784428

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

Christophe G. Massey

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

3204 Greenwood Ave.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33407

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Christophe G. Massey

REGISTERED AGENT MUST SIGN

Date 11/28/07

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
CEO	Rosalind M. Brown	504 NW. 17 th St.	Okeechobee, FL 34977
P	Dwayne Tolbert	3204 Greenwood Ave.	West Palm Bch, FL 33407

600112715866
11/30/07--01007--014 **300.00

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:

Dwayne Tolbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/2007

Date

561-779-6005

Daytime Phone #

11/30
aw