

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 24 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 5122N

1. Corporation Name

Energy Partners, Inc.

2. Principal Office Address

209 Grand Pointe

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Zip

Country

Zip

Country

33418

U.S.A.

400024082234
10/24/03--01024--006 **758.75
REINSTATEMENT 2003

4. Date Incorporated or Qualified:
To Do Business in Florida

11/5/1990

5. FEI Number

65-0227885

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

Scott T. Rhine

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

399 NW Boca Raton Boulevard

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33432

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

Scott T. Rhine

REGISTERED AGENT MUST SIGN

Date 10/17/03

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
D	Perry, John H. Jr.	209 Grand Pointe	
	Palm Beach Gardens, FL	33418	
D	Perry, J. Helena	209 Grand Pointe	
	Palm Beach Gardens, FL	33418	

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:

Helena Perry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

561-758-5707

Daytime Phone #

CR2E081 (10/02)