

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 26 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09135

1. Corporation Name

Royalty Management, Inc.

200086810722
01/31/07--01031--022 **450.00

REINSTATEMENT
CR2E081 (1/07) 05-07

2. Principal Office Address - No P.O. Box #
12141 NW 10th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Plantation, FL

City & State

Zip
33323

Country
USA

Zip

Country

4. Date incorporated or Qualified.
To Do Business in Florida **01/23/1992**

5. FEI Number
65-0313956

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
Gary Trevett

Street Address (P.O. Box Number is Not Acceptable)
12141 NW 10th Street

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33323

☒ 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

REGISTERED AGENT MUST SIGN

Date **1-19-07**

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
PD	Gary Trevett	12141 NW 10th Street	Plantation, FL

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 SIGNER

1-19-07

9544233026

Date Daytime Phone #

2012

John L. Tomlinson, CPA, PA

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January 23, 2007

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

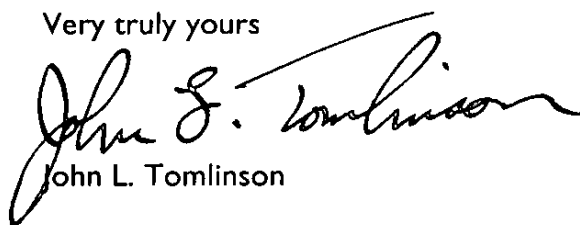
RE: Royalty Management, Inc. V09135 Corporate Reinstatement

Gentlemen:

Please find enclosed my check to reinstate the above corporation. The \$450 check is to pay for 2005, 2006 and 2007. I had initially tried to reinstate it through my online account number, the cover sheet is enclosed please return the \$35 to my account.

Please inform me when the reinstate occurs.

Very truly yours


John L. Tomlinson