


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 818422		
1. Entity Name MINERALS MANAGEMENT INC		

Principal Place of Business 720 TRUSTMARK NAT'L BANK BLDG P.O. BOX 2127 JACKSON, MS 39201-2502	Mailing Address P.O. BOX 2127 JACKSON, MS 39225-2127
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2. Principal Place of Business 1501 LAKE LAND DR Suite, Apt. #, etc. STE. 301		3. Mailing Address Suite, Apt. #, etc.	
City & State JACKSON, MS		City & State JACKSON, MS	
Zip 39216	Country	Zip	Country

**FILED**  
04 NOV 10 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10202004 REIN-P CR2E098 (6/04)

4. FEI Number 64-0345126		Applied For Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCGEHEE, HOBSON C JR 724 TRUSTMARK NATL BANK BLDG JACKSON, MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1501 LAKE LAND DR., STE. 301 JACKSON, MS 39216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCGEHEE, DONALD B 724 TRUSTMARK NATL BANK BLDG JACKSON, MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1501 LAKE LAND DR., STE. 301 JACKSON, MS 39216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JONES, III B BRYAN 119 W JEFFERSON YAZOO CITY, MS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600042631606 11/10/04--01025--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAIRD, E.E. P.O. BOX 1376 OXFORD, MS 38655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCGEHEE, HOBSON C. III 505 CEDARMONT CIRCLE MADISON, MS 39110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11/19

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Z.C. McGehee, Pres. 11-8-04 601 982 7134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #