

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 25 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO7000025711

1. Limited Liability Company's Name

OSM RESOURCES LLC

000173047750
03/25/10--01002--021 **421.25
CR2E041 (11/09)

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

1065 S. MAIN ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 727

Suite, Apt. #, etc.

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

3/7/2007

6. FEI Number

20-8618892

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

A \$100 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 \$100 reinstatement be waived.

8. Name and Address of Current Registered Agent

Name

MARTIN L TRUEX

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

12425 COCONUT ROW RD

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/22/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	<u>ITQ LLC</u>	<u>12425 COCONUT ROW RD</u>	<u>PALM BEACH GARDENS, FL 33410</u>

REINSTATEMENT 08-10

DB

11. E-mail Address: MSCIENSKI@TMTCLAMS.COM

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date 3/22/10

Daytime Phone # 609-978-1109

Typed or printed name of signing Managing Member/Manager