## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith **FOR** FILFD Secretary of State REINSTATEME **DIVISION OF CORPORATIONS** 02 NOV 15 AM 9: L9 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE. FLORIDA ILUKA RESOURCES INC. Principal Place of Business Mailing Address 1223 WARNER ROAD 1220 WARNER-ROAD GREEN COVE SPRINGS FL-92949-469 GREEN GOVE SPRINGS FL 92040-4620 US US If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified ARK AVENUE PARK AVENUE To Do Business in Florida 05/24/1984 5. FEI Number Applied For 59-2419741 Not Applicable 4NGE \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 32073 for a Certificate of Status 11/15/02--01055--010 \*\*150.00 Name of Officers Street Address of Each Title(s)~ and/or Directors Officer and/or Director ₩ SLOAN, G J 1229 WARNER ROAD GREEN COVE-SPRGS FL JOHN GORONCY ρ 2233 PARK AVE, SUITE 200 A ORANGE PARK FL 32013 SOOTT, J.L. STD 1223 WARNER-ROAD GREEN COVE SPRCS FL MICHAEL 2233 PARK AVE., SLITE 2WA ORANGE PARK, FZ 32073 D SALE, ALLAN D 12472 ST JOHN CHURCH RD STONY GREEK VA 20002 2233 PARKANE, SUITE ZWA MICHARL ORANGE PARK, FL 32073 D MCKENIZE, NEIL S 1223 WARNER RD GREEN COVE SPRINGS FL 92049 HAMISH BOHANNAN 2233 PARK AVE, SUITE 200A ORANGEPARK, GL 32013 2233 PARK AVE, SUITE LOA ORANGE PARK, FL32073 RUBERT HUDSON D D 3233 PARKAVE, SUITE 200A OLANGE 8. Name and Address of Current Registered Agent MICHAEL PHILLIAS Street Address (P.O. Box Number is Not Acce COOTT. J.L:-1223 WARNER ROAD 2233 PARK AVENUE **GREEN COVE SPRINGS FL 82848** 200 A 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of ATURE REQUIRED

11. 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: VICE REMICIAL PHULPS 11/06/02 904)215-5491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (8/02



November 5, 2002

Department of State Division of corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Attached please find a completed Application For Reinstatement form for Iluka Resources Inc. along with a check in the amount of \$150.00 representing the filing fee for the 2002 year.

Mailroom personnel at our local plant and corporate office have indicated that they are not aware of receiving the first or second Uniform Business Report notices. Therefore, we hereby request that the reinstatement fee be waived.

Your consideration would be greatly appreciated.

Sincerely,

Michael Phillips

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Chief Financial Officer & Registered Agent