Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000182682 3)))

H10000182826823ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

000928.130483

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

TRAFIGURA AG, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,200.00

N10000038337

Electronic Filing Menu Corporate Filing Menu Help

H10000182682 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 AUG 13 P 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002914

1. Corporation Name
TRAFIGURA AG , INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
263 Tresser Blvd.	1401 McKinney St.
Suite, Apt. #, etc: 16th FL	Suite, Apt. #, etc: 2375
City & State: Stamford, CT	City & State: Houston, TX
Zip: 06901 — Country: USA	Zip: 77010 — Country: USA

4. Date Incorporated (or Qualified) To Do Business in Florida: 5-21-1998

5. FEI Number: 06-1436098 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 2731 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc: SUITE 4

City: WESTON — State: FL — Zip Code: 33331

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: Leta Sunfler (signature) — REGISTERED AGENT MUST SIGN — Date: 8/12/2010

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	Richard Fromme	263 Tresser Blvd., 16th Fl.	Stamford, CT 06904
TD	Bryan Keogh	1401 McKinney Street, Ste. 2375	Houston, TX 77010
S	Jeff Kopp	1401 McKinney Street, Ste. 2375	Houston, TX 77010

REINSTATEMENT
07-10

10. E-mail Address: suzie.horton@trafigura.com
(To be used for future annual report notification)

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 upon filing the 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. I further certify, 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: Bryan Keogh (signature) Director — 8-10-2010 — [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BRYAN KEOGH

H10000182682 3