

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV -5 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000047259

1. Limited Liability Company's Name

Noble Metals Processing LLC

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

167 N Collier Blvd

Suite, Apt. #, etc.

V-6

City &amp; State

Marco Island, FL

Zip

34145

Country

USA

3. Mailing Office Address

P.O. Box 2377

Suite, Apt. #, etc.

City &amp; State

Marco Island, FL

Zip

34146

Country

USA

400137367944  
10/28/08--01027--008 \*\*382.50  
400137367944  
11/12/08--01042--005 \*\*38.75  
CR2E041 (10/08)4. State/Country of Formation  
FL5. Date Organized or Qualified  
To Do Business in Florida 05/05/2005

6. FEI Number

Applied For

☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required  
for a Certificate of Status

## 8. Name and Address of Current Registered Agent

Name

Richard E. Pauly, Sr

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

167 N Collier Blvd

Suite, Apt. #, Etc.

V-6

City

Marco Island

State

FL

Zip Code

34145

☐ 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.

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

REGISTERED AGENT MUST SIGN

Date

9/30/08

## 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
MGRM	Richard E. Pauly, Sr	P.O. Box 2377	Marco Island, FL, 34146

REINSTATEMENT

11. 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

Date

9/30/08

Daytime Phone #

(239) 641-8772

Typed or printed name of signing Managing Member/Manager

Richard E. Pauly