## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY					10 JAN 15 AM 8: 36		
DOCUMENT #  1. Limited Liability Company's Name					SECRETARY OF STATE FALLAHASSEE. FLORIDA		
NSR RESOURCES LLC LOGOUOU03989					600166329646 01/15/1001033006 **516.25		
Principal Office Address - No P.O. Box # 3. Mailing Office Address					CR2E041 (11/09)		
1065 S. M	AIN ST	P.O. Box 727		4. State/Country of Formation			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida  7/17/06			
City & State  WEST CLEE	X,NJ	City & State  MAHAHAWKIN NJ		6. FEI Numbe			
08092	Country USA	1 08050 .	Country USA	7. CERTIFICATE OF STATUS DESIRED		O Additional Fee required r a Cortificate of Status	
Street Address (P.O. Bo	8. Name and Address of TRUE X Number is Not Acceptable COCONUT A	ow ROAD	A \$100 reinstatement fee is imposed, of in circumstances which the entity d		entity did not y checking this ior notices were		
	registered agent of the ab	ove named limited liability co	ompany, am familiar with an	d accept the obligat		102010	
	Addresses of Managing Me	mbers/Managers	· Street Address of Ea	nch		yeti addidayo - aq ji oʻ boʻ oʻ antan doʻrida qoʻ oʻrida untariyadi oʻrida isti	
Titles Managing Members/Managers  MGRM MARTIN TRUEY		anners so i et kosente dittillende tils traditible de to bod i bedde dete en eller	Managing Member/Manager  12428 Cocowt Row Rd		PAIM GARDEN	nganga kanganananananan aran manananan	
			1	SEINICTA	TENACNIT	JB	
11	ASCIPILI.	b) TMTC/A	*	JEINGIA	TEMENT 20	108-10	
11. E-mail Address:							
as if made under oath.  Signature of Manager Member/Manager Day 100 Daytime Phone # 609-976-1109							
		r/Manager <u>MART</u>	TH TRUEY				