

Mailed 6/22/04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JUN 22 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

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06/04/04 01049-001
\$200.00
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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # MO2000000365
 1. Limited Liability Company's Name
COBALT RESOURCES, LLC

2. Principal Office Address 5858 NW 26th Court Suite, Apt. #, etc.		3. Mailing Office Address 5858 NW 26th Court Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33496	Country USA	Zip 33496	Country USA

4. State/Country of Formation Wyoming	
5. Date Organized or Qualified To Do Business In Florida 2/11/2002	
6. FEI Number 91-2044621	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$5.00 Additional Fee required for a Certificate of Status.</small>	

B. Name and Address of Current Registered Agent

Name David S. Blue - MGRM	
Street Address (P.O. Box Number is Not Acceptable) 5858 NW 26th Court	
Suite, Apt. #, Etc.	
City Boca Raton	State FL
	Zip Code 33496

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: David S. Blue - MGRM Date: 6/2/04
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	David S. Blue	5858 NW 26th Court	Boca Raton, FL 33496

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: David S. Blue - MGRM Date: 6/2/04 Daytime Phone # 561-901-1212
 Typed or printed name of signing Managing Member/Manager: David S. Blue - MGRM

SECRETARY OF STATE