

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

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

Email Address: taxdept@nustarenergy.com

RECEIVED  
09 NOV 13 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT  
NUSTAR MARKETING LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$382.50

M. THOMAS  
NOV 16 2009  
EXAMINER

FILED

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M07000002184

1. Limited Liability Company's Name NUSTAR MARKETING LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 2330 N. Loop 1604 W
3. Mailing Office Address P.O. Box 781609
City & State San Antonio, TX
Zip 78248 Country USA

4. State/Country of Formation DE
5. Date Organized or Qualified To Do Business in Florida 04/16/2007
6. FEI Number 20-8807480
7. CERTIFICATE OF STATUS DESIRED [X] \$500 Adjustment Required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
City Plantation
State FL Zip Code 33324

[X] 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 508, F.S.
Signature of Registered Agent E.A. Wallace Assistant Secretary
Date 11/12/2007

Table with 4 columns: Titles, Name of Managing Member/Managers, Street Address of Each Managing Member/Manager, City/State/Zip. Rows for Curtis V. Anastasio and Steven A. Blank.

REINSTATEMENT

08-09

Handwritten signature/initials

11. E-mail Address: taxdept@ustarenergy.com
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 508, 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 508.406, F.S., and that all fees owed by the limited liability company have been paid.
Signature of Managing Member/Manager CV Anastasio
Date 11/12/09 Daytime Phone # (210) 918-2000