

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** M9600000103

**1. Limited Liability Company's Name**

Agrifos Mining L.L.C.

**2. Principal Office Address**

County Road 676

Suite, Apt. #, etc.

City & State

Nichols, FL

Zip

33863

Country

USA

**3. Mailing Office Address**

5151 San Felipe

Suite, Apt. #, etc.

Suite 1390

City & State

Houston, TX

Zip

77056

Country

USA

**4. State/Country of Formation**  
Delaware

**5. Date Organized or Qualified  
To Do Business in Florida**

2/26/96

**6. FEI Number**

13-3874347

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$500 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

CT Corporation System

600004739046-7

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

1200 South Pine Island Road

12/26/01-01069-001

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

600004739046-7

12/26/01-01069-002

City

Plantation

State: FL 33324

**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

Jennifer J. McBurnett

REGISTERED AGENT MUST SIGN

Jennifer J. McBurnett  
Assistant Secretary

Date 12-20-01

**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
Mgr	Chaouni, Farouk	5151 San Felipe, Ste 1390	Houston, TX 77056
Mgr	Cotton, Timothy	5151 San Felipe, Ste 1390	Houston, TX 77056
Mgr	Minick, Deanna	812 Cassin Road	Naperville, IL 60565
Mgr	van Amerongen, Lewis W.	590 Madison Avenue	New York, NY 10021
		<b>REINSTATEMENT</b>	01
			SL

**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

Timothy Cotton

Date 12/19/01

Daytime Phone # 713/961-4950

Typed or printed name of signing Managing Member/Manager Timothy Cotton

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CR2E041 (9/01)