PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS							OT DEC 11 AMII: LS		
DOCUMENT # M9600000103 1. Limited Liability Company's Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Agrifos Mining, LLC							IALLA		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address							CR2E041 (1/07)		
•		3. Mailing Office Address							
	ry Rd.	676	PO Box 315				4. State/Country of Formation		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				Delaware, USA 5. Date Organized or Qualified To Do Business in Florida			
City & State		City & State				02/29/96			
Nicho	ols, FL		Nichols, FL				6. FEI Number Applied For Not Applicable		
Zip	Country		Zip		Count	iry	13-3874347 7. — \$500 Art		
33863	3	USA	33863		US	SA	CERTIFICATE		dditional Fee required Certificate of Status
		8. Name and Address of	Current Regist	ered Agen			1		
8. Name and Address of Current Registered Agent									d aveent
CT Corporation System .							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		
Street Address (P.O. Box Number is Not Acceptable)									
1200 South Pine Island Road									
Suite, Apt. #, Etc.									
l					State FL	Zip Code 33324	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									
	<u> </u>	RE	GISTERED AGE						
10. Name	es and Street	Addresses of Managing Men	nbers/Managers						
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manag				City / State / Zip	
MGRM	Royce D.McDonald			308 Hawick Lane				Lakeland, FL 33813	
		4.4.4.	800112851478 12/05/0701033002 **205.00						
REINSTATEMENT									
211/4, 2007									
0007-0007 DB									
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 Mya UM Loys Date 12-4-07 Daytime Phone # 863-698-0664									
Typed or printed name of signing Managing Member/Manager Royce D. McDonald									