


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 24 AM 9:51

<b>DOCUMENT # L04000036096</b>					
1. Entity Name DGAS, L.L.C.					
Principal Place of Business 119 S. WOODBURN DRIVE DOTHAN, FL 36301			Mailing Address 119 S. WOODBURN DRIVE DOTHAN, FL 36301		
2. Principal Place of Business 2730 Ross Clark Circle Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1668 Suite, Apt. #, etc.			
City & State Dothan, AL		City & State Dothan, AL		4. FEI Number 20-2425636	
Zip 36301	Country Houston	Zip 36302	Country Houston	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MGRM STREET ADDRESS Douglas E. Creel CITY-ST-ZIP 103 N. Englewood Ave. Dothan, AL 36303		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MGRM STREET ADDRESS Gary Carlos Weeks CITY-ST-ZIP 2007 Stonewood Dr. Dothan, AL 36301		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MGRM STREET ADDRESS STE Investments II, LLC CITY-ST-ZIP 185 N. Oates Street Dothan, AL 36303		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS 900060899909 CITY-ST-ZIP 10/24/05--01066--010 **150.00		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME REINSTATEMENT STREET ADDRESS 2005 CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: STE INVESTMENTS, LLC By: <u>Stephen T. Etheredge</u> (Stephen T. Etheredge) 10/20/05 334-793-3377					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					