


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000009649		
1. Entity Name DELAPHIN ENERGY RESOURCES III, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 10 AM 8:29



Principal Place of Business 12820 TAMiami TRAIL SUITE #2 NAPLES, FL 34110	Mailing Address 12820 TAMiami TRAIL SUITE #2 NAPLES, FL 34110
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12032004 REIN-LLC CR2E101 (6/04)

4. FEI Number 27-0050309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Allen Childs	
		Street Address (P.O. Box Number is Not Acceptable) 12820 Tamiami Tr. S-2	
		City Naples	
		FL Zip Code 34110	

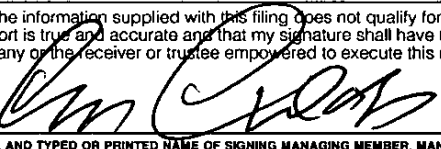
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 12/3/04

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Mgrm	NAME Allen Childs	TITLE	NAME
STREET ADDRESS 12820 Tamiami Tr.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP S#2, Naples FL	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

Called 12/30/04 spoke w/ Allen Childs OK to make corrections up

900043340189
12/10/04--01063--001 **150.00

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: 	DATE 12/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone # 435-187-5310	