


FILED

05 SEP 28 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F0100005356					
1. Corporation Name Aquila Liquids Marketing, Inc.					
2. Principal Office Address 20 West Ninth St.			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Kansas City, MO			City & State		
Zip 64105	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 10/15/2001	
				5. FEI Number 43-1941135	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SEE Instructions For explanation on Florida Department of State Website</small>	

7. 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	
Suite, Apt. #, Etc.	
City PLANTATION	State FL Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent Carrie Bayne **Date** 9/28/05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Richard C. Green, Jr.	20 West Ninth Street	Kansas City, MO 64105
D/P	Robert L. Poehling	20 West Ninth Street	Kansas City, MO 64105
V	Brogan T. Sullivan	20 West Ninth Street	Kansas City, MO 64105
S	Scott C. Auer	20 West Ninth Street	Kansas City, MO 64105
T	Randal P. Miller	20 West Ninth Street	Kansas City, MO 64105

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Scott C. Auer **Date** Sept. 23, 2005 **816-467-3682**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2005 (REV)05

Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850)205-0384

Please file 1st

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

(Before Audit # H05000230826)

** Reinstate then withdraw **

*Thanks!
Jennifer*

CORPORATION REINSTATEMENT

AQUILA LIQUIDS MARKETING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00