

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | • | | | | 1 | | | | |
|--|---|--|---|--|---|------------------------------|---------------------|---|--|
| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | | FULE 15 06 NOV 17 71 5:39 | | | | |
| DOCUMENT # F03000002671 1. Corporation Name | | | | | | TAILA | | | |
| PXP GULF COAST, INC. | | | | | | | | | |
| 2. Principal Office Address 3. Mailing Of | | | K. | | apartage | otutel | AREMIY/ | 75- Ma | |
| 700 Milam 700 Milan | | | | | | CR2E | 81 (12/05) | | |
| Suite, Apt. #, etc. Suite, Apt. #, 6 3100 3100 | | | 4. Date In | | | orporated or Qualified | | | |
| City & State City & State | | | | | | usiness in Florida 5/23/2003 | | | |
| γ | | Houston, T | · | | 5. FE! Number Applied For 01-0770800 Not Applicable | | | | |
| Zip 77002 | Country Harris | 77002 | Country Harris | | 6. CERTIFICATE | OF STATUS DESIRE | | ional Fee required ificate of Status | |
| | | 7. Na | me and Address of Current F | Registere | d Agent | | | | |
| | Name CT Corporation System | | | | | - | | | |
| | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | 800 00 8 | |
| | Suite, Apt. #, Etc. | | | | | | | | |
| | City Plantation | | | | · | State Zip Co | | | |
| 8. I, being Signature o Registered | appointed the registered agent of the about | _ | ation, am familiar with and acce Sarch L. Volz, Ass' | | | on 607.0505 or 617 | | | |
| · iogiotoro | R | STERED AGE | NT MUST SIGN | ' | | | | | |
| 9. Names | and Street Addresses of Each Officer an | d/or Director (Flor | · · · · · · · · · · · · · · · · · · · | | st 3 directors) | | | | |
| Titles | Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | City / State / Zip | | | | |
| P/D | JAMES C. FLORES | | 700 Milan, Suite 3100 | | Houston, TX 77002 | | | | |
| VP/S/D | JOHN F. WOMBWELL | | 700 Milan, Suite 3100 | | | Houston, TX 77002 | | | |
| VP | DOSS R. BOURGEOIS | | 700 Milan, Suite 3100 | | Houston, TX 77002 | | | | |
| VP/T | | | 700 Milan, Suite 3100 | | • | Houston, TX 77002 | | | |
| VP | MARK D. KIDDER | | 700 Milan, Suite 3100 | | | Houston, TX 77002 | | | |
| VP | ROWDY C. LEMOINE | | 700 Milan, Suite 3100 | | Houston, TX 77002 | | | | |
| this re owed l | y that I am an officer or director or the rece instatement application, the reason for dis- by the corporation have been paid and the application is true and accurate, and my | solution has been names of individu | eliminated, the corporate name als listed on this form do not qu | satisfies to | the requirements n exemption con | of section 607.040 | 1 or 617.0401, F.S. | , that all fees | |
| SIGNA | TURE: Was & | 1/40 | GREGG R. | . MAYI | NARD | 12/01/06 | 713-579-6 | 5192 | |
| | | INTED NAME OF S | IGNING OFFICER OR DIRECTOR | | | Date | Daytime Phor | ne # | |

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS

Attachment

9. Names and Street Addresses of Each Officer and/or Director

| Titles | Name of Officer | Address | City/State/Zip |
|--------|------------------|-----------------------|-------------------|
| VP | James R. Rumsey | 700 Milam, Suite 3100 | Houston, TX 77002 |
| AS | Gregg R. Maynard | 700 Milam, Suite 3100 | Houston, TX 77002 |

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PXP GULF COAST, INC.

November 15, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: REINSTATEMENT

Department of State:

The reinstatement fee may be waived as PXP Gulf Coast Inc. did not receive the annual report notices in the year of revocation. This letter is a statement of non-receipt. Therefore, only the annual report and supplemental fees for each year, from the year of revocation to the current year, are due.

Thank you,

John D. Thompson Director, Tax