# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

| DOCUMENT # L03000009648 | |
|---|---|
| **1.** Entity Name <br> DELAPHIN ENERGY RESOURCES IV, LLC | |

| Principal Place of Business | Mailing Address |
|---|---|
| 12820 TAMIAMI TRAIL <br> SUITE #2 <br> NAPLES, FL 34110 | 12820 TAMIAMI TRAIL <br> SUITE #2 <br> NAPLES, FL 34110 |

12032004   REIN-LLC        CR2E101 (6/04)

| **2.** Principal Place of Business | **3.** Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country | Zip | Country |

| **4.** FEI Number <br> 27-0050311 | Applied For <br> Not Applicable |
|---|---|
| **5.** Certificate of Status Desired ☐ | **$5.00** Additional Fee Required |

| **6.** Name and Address of Current Registered Agent | **7.** Name and Address of New Registered Agent |
|---|---|
| | Name Allen Childs <br> Street Address (P.O. Box Number is Not Acceptable) 12820 Tamiami Trail <br> S-#2 <br> 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 _____   12/3/04

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00** <br> After January 1, 2005, Fee will be $200.00 | | **Make check payable to** <br> **Florida Department of State** |
|---|---|---|

| **9.** MANAGING MEMBERS / MANAGERS | **10.** ADDITIONS / CHANGES |
|---|---|
| TITLE Mgrm  NAME Allen Childs ☑ Delete <br> STREET ADDRESS 12820 Tamiami <br> CITY-ST-ZIP Trail, S-#2 | TITLE ☑ Change ☐ Addition /w <br> NAME Called 12/30/04 Spoke /w <br> STREET ADDRESS Allen Childs OK to <br> CITY-ST-ZIP |
| TITLE  NAME Naples, Fl ☐ Delete <br> STREET ADDRESS <br> CITY-ST-ZIP | TITLE ☐ Change ☐ Addition <br> NAME make corrections np <br> STREET ADDRESS <br> CITY-ST-ZIP |
| TITLE ☐ Delete <br> NAME <br> STREET ADDRESS <br> CITY-ST-ZIP | TITLE ☐ Change ☐ Addition <br> NAME ✓ <br> STREET ADDRESS <br> CITY-ST-ZIP |
| TITLE ☐ Delete <br> NAME <br> STREET ADDRESS <br> CITY-ST-ZIP | TITLE ☐ Change ☐ Addition <br> NAME <br> STREET ADDRESS <br> CITY-ST-ZIP |
| TITLE ☐ Delete <br> NAME <br> STREET ADDRESS <br> CITY-ST-ZIP | TITLE ☐ Change ☐ Addition <br> NAME <br> STREET ADDRESS 600043340296 <br> CITY-ST-ZIP 12/10/04--01069--005  **150.00 |
| TITLE ☐ Delete <br> NAME <br> STREET ADDRESS <br> CITY-ST-ZIP | TITLE ☐ Change ☐ Addition <br> NAME <br> STREET ADDRESS <br> 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: _____   12/3/04   435-687-5310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #