

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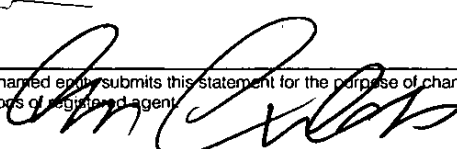
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12032004 REIN-LLC CR2E101 (6/04)

4. FEI Number 27-0050309	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) City State Zip	

7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) City State Zip	

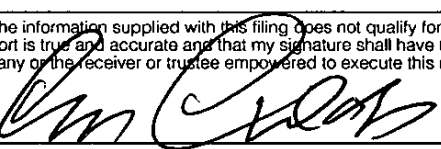
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 12/3/04

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Mgrm Allen Childs 12820 Tamiami Tr. S#2, Naples FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

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 DAYTIME PHONE # 435-187-5310