2004 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT		FILED STATE	
DOCUMENT # L0300009650			FILED SECRETARY OF STATE OLVISION OF CORPORATIONS
1. Entity Name DELAPHIN ENERGY RESOURCES II, LLC			04 DEC 10 AM 8: 30
Principal Place of Business	Mailing Address	W. 11	4
12820 TAMIAMI TRAIL	12820 TAMIAMI TRAIL		
SUITE #2 NAPLES, FL 34110	SUITE #2 Naples, FL 34110		A TREATON ON BUTTO FINI DOME TOUR BOND BOWN BOWN BUTTON FIND BUTTON BOARD AND BUTTON
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		12032004 REIN-LLC CR2E101 (6/04)
City & State	City & State		4. FEI Number Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent			
_		Name A	len Childs
		Street Address	3 20 Number Stor Acceptable)
		City	TI Zip Schie, 1
8. The above named entity submits this statement	for the purpose of changing its		ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of edistored agent.		registered office of registe	ered agent, or both, in the state of Florida. Tantillar with, and accept
SIGNATURE Signature, typed or printed name of registered age	int and title if applicable. (NOTE	E: Registered Agent signature requ	ulred when reinstating)
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.0	00		Make check payable to Florida Department of State
· · · · · · · · · · · · · · · · · ·	BERS/MANAGERS	10.	ADDITIONS/CHANGES
Man Alle	n Childs	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS 12220 Tavr	in any in the s	ADDRESS CITY-ST-ZIP	
TITLE TOTAL STATE OF THE STATE	Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	Called allen Childs
TITLE	☐ Delete	TITLE	12 30 DU DK TRIMACONIN
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS City-St-Zip	Corrections up
TITLE NAME	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	200043340232 12/10/0401069003 **150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME Street address	
CITY-ST-ZIP		CITY-ST-ZIP	
Hereby certify that the information supplied we indicated on this report is true and accurate an limited liability company of the consistence	ith his filing does not qualify for all that my signature shall have	the exemption stated in S the same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the pter 608, Florida Statutes.
minited hability company of the receiver of the	lee empowered to execute (his i	report as required by Cha	prei ooc, riulida Sialules.
SIGNATURE:	MOP	,	12/3/04 (27-5310
SIGNATURE AND TYPED OR PRINTED MAKE	OF SIGNING MANAGING MEMBER, MAN	IAOFE OR AUTHORITED REPORT	SENTATIVE Date Daytime Phone #