2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DIVISION OF CORPORATIONS DOCUMENT # L03000009651 04 DEC 10 AM 8: 30 DELAPHIN ENERGY RESOURCES I, LLC Principal Place of Business Mailing Address 12820 TAMIAMI TRAIL 12820 TAMIAMI TRAIL SUITE #2 SUITE #2 NAPLES, FL 34110 NAPLES, FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 12032004 REIN-LLC CR2E101 (6/04) 4. FEI Number City & State City & State Applied For 27-00 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street City 8. The above na purpose of changing its registered office or registered a itity submits this state ent, or both, in the State of Florida. I am familiar with, and accept the obligation distered a e of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES len Childs TILE! TITLE Change ■ Addition NAME NAME amiami STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 800043340278 STREET ADDRESS STREET ADDRESS 12/10/04--01069--004 **150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplies 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 ply 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 of the receiver or trustee employed to execute this report as required by Chapter 608, Florida Statutes. TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATION

FILED

SECRETARY OF STATE