

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

M-826

1. Limited Liability Company's Name

Williams Gas Projects Company, L.L.C.

2. Principal Office Address

One Williams Ct

Suite, Apt. #, etc.

41-3

City & State

TULSA, OK

Zip

74172

Country

USA

3. Mailing Office Address

One Williams Ct

Suite, Apt. #, etc.

41-3

City & State

TULSA, OK

Zip

74172

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

DE

5. Date Organized or Qualified To Do Business in Florida

4/27/2000

6. FEI Number

73-1581745

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$300 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT CORPORATION System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

70000466547-0

11/06/01 01001-013

***150.00 ***150.00

City

PLANTATION

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|-----------------------------------|--|--------------------|
| MEM | Keith E. Bailey | One Williams Ct | TULSA, OK 74172 |
| MEM | Michael P. Johnson | " " " | " " " |
| MEM | JACK D. MCCARTHY | " " " | " " " |
| MEM | CUBA WASHINGTON, JR | " " " | " " " |

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Date 10/24/01 Daytime Phone # 918-573-4221

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)