

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 #

1. Limited Liability Company's Name

M-826

Williams Gas Projects Company, L.L.C.

2. Principal Office Address

One Williams Ctr

Suite, Apt. #, etc.

41-3

City & State

TULSA, OK

Zip

74172

Country

USA

3. Mailing Office Address

One Williams Ctr

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

Date

REGISTERED AGENT MUST SIGN

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 Ctr	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