PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 MAR -5 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000000143

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03/14/03--01099--029 **205.00

1. Limited Liability Company's Name
Cypress Natural Gas Company, LLC

2. Principal Office Address	3. Mailing Office Address
1900 Fifth Avenue N.	1001 Louisiana
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Corporate Tax
City & State Birmingham, AL	City & State Houston, TX
Zip 35203 Country USA	Zip 77002 Country USA

4. State/Country of Formation DE

5. Date Organized or Qualified To Do Business in Florida 1/22/2001

6. FEI Number — Applied For ☐ Not Applicable ☒

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 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.:

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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 3/5/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	Southern Natural Gas Company	PO Box 2563	Birmingham, AL 35202

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: Lorrie Swink Date: 3-5-03 Daytime Phone# 713 420 2600

Typed or printed name of signing Managing Member/Manager: Lorrie Swink