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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 25 PM 2:25

12/10/28

1. DOCUMENT # M01000000497

Name and Mailing Address

0008276 01 FP 0.352 **PRSRT T5 0 0615 77002-470850
CENTRAL FLORIDA PIPELINE LLC
500 DALLAS ST., STE. 1000
ONE ALLEN CENTER
HOUSTON TX 77002-4708

CR2E084 (8/02)

2. New Mailing Address
REINSTATEMENT 2002
City, State, Zip

4. State/Country of Formation
DE

5. Date Organized or Qualified To Do Business in Florida
03/06/2001

Principal Place of Business
500 DALLAS ST., STE. 1000
ONE ALLEN CENTER
HOUSTON TX 77002

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number
59-1084277
☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

10. 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 Margaret Byrum Date 10/24/2002
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Kinder Morgan Liquids Terminals LLC	500 Dallas St, Ste 1000 Houston, TX 77002	Houston, TX 77002
			100008601391
	REINSTATEMENT 2002		

12. 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 10-23-02 Daytime Phone # 713-369-9000

Typed or printed name of signing Managing Member/Manager Joseph Listengart

2/2

ACCOUNT NO. : 072100000032

REFERENCE : 794123 7180500

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : October 24, 2002

ORDER TIME : 11:43 AM

ORDER NO. : 794123-005

CUSTOMER NO: 7180500

CUSTOMER: Ms. Shellie Bonin
Kinder Morgan Inc.
500 Dallas Street
Suite 1000
Houston, TX 77002

REINSTATEMENT

NAME: CENTRAL FLORIDA PIPELINE LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Powell 521-0821 X. 1155

EXAMINER'S INITIALS _____