

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAR 28 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **m03000001307**

1. Limited Liability Company's Name

**Dolphin Energy LLC**

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 2699 Stirling Road Suite, Apt. #, etc. C102 City & State Ft. Lauderdale, Florida Zip 33312 Country USA		<b>3. Mailing Office Address</b> 2699 Stirling Road Suite, Apt. #, etc. C102 City & State Ft. Lauderdale, Florida Zip 33312 Country USA	
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<b>4. State/Country of Formation</b> West Virginia	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 06-12-02	
<b>6. FEI Number</b> 52-2152207	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>		
Name Neal Rudder		
Street Address (P.O. Box Number is Not Acceptable) 2699 Stirling Road		
Suite, Apt. #, Etc. C102		
City Ft. Lauderdale	State FL	Zip Code 33312

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 3/19/08

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
MGRM	Neal Rudder	2699 Stirling Road, Suite C102	Ft.Lauderdale, FI 33312

**REINSTATEMENT 06-08**

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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 3-19-08

Daytime Phone# 954-981-1441

Typed or printed name of signing Managing Member/Manager **Neal Rudder**