

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E081 (12/05)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # *P45000034417*

1. Corporation Name
TOTAL GAS + ELECTRIC, INC.

2. Principal Office Address <i>510 THORNALL ST.</i>		3. Mailing Office Address <i>595 SUMMER ST.</i>	
Suite, Apt. #, etc. <i>Suite 270</i>		Suite, Apt. #, etc. <i>Suite 300</i>	
City & State <i>Edison NJ</i>		City & State <i>Stamford CT</i>	
Zip <i>08837</i>	Country	Zip <i>06901</i>	Country

4. Date Incorporated or Qualified To Do Business in Florida *04/20/04*

5. FEI Number *65-0584022*

6. CERTIFICATE OF STATUS DESIRED \$675 Additional Fee required for a Certificate of Status

7. 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

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date *May 24, 2006*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PRES Director</i>	<i>JEFFREY A. MAYER</i>	<i>595 SUMMER ST., STE 300</i>	<i>STAMFORD, CT 06901</i>
<i>COO Secy</i>	<i>CAROLE R. ARTMAN-HODGE</i>	<i>595 SUMMER ST., STE 300</i>	<i>STAMFORD, CT 06901</i>
<i>CFO</i>	<i>CHAITU PARIKH</i>	<i>595 SUMMER ST., STE 300</i>	<i>STAMFORD, CT 06901</i>
<i>TREAS</i>	<i>JOHN GLAD</i>	<i>595 SUMMER ST., STE 300</i>	<i>STAMFORD, CT 06901</i>
<i>GEN'L Counsel</i>	<i>THOMAS HARTMANN</i>	<i>595 SUMMER ST., STE 300</i>	<i>STAMFORD, CT 06901</i>

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: *[Signature]* *JOHN B. GLAD*
 TREASURER *5/26/06 203/356-1318*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



595 Summer Street, Suite 300
Stamford, CT 06901-1407
Tel: 203 356 1318
Fax: 203 425 9562
www.mxenergy.com

May 23, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Total Gas & Electric, Inc.
Document Number: P95000034417
FEIN: 65-0584022

Dear Sirs and Madam:

A duly signed Florida State Corporation Reinstatement Form and a check in the amount of \$308.75 accompany this letter. This payment consists of the \$61.25 annual report fee and the \$88.75 corporate supplemental fee for the 2005 and 2006 filing periods plus \$8.75 for a certificate of status.

The above-named taxpayer respectfully requests that the \$600.00 reinstatement fee be waived due to non-receipt of the annual report notices. Per your website, the notices were directed to an incorrect mailing address. As stated on the reinstatement form, all further correspondence should be forwarded to: 595 Summer Street, Suite 300, Stamford, CT 06901.

If you have any questions regarding this matter, please contact Shirley Clevenger @ 203/356-1318 x7628.

Yours truly,

John B. Glad
Treasurer

Enclosure(s)