

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 16 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004217

1. Corporation Name

Pepeco Energy Services, Inc.

1300 N. 17th Street

2. Principal Office Address

1300 N. 17th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 1600

Suite, Apt. #, etc.

City & State

Arlington, Virginia

City & State

Zip

22209

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida 7/23/98**

5. FEI Number
52-1927068

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT-04

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

Leon County

City

Tallahassee

State
FL

Zip Code
32301

500043095845
12/01/04 01016 026 ***1351.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ami D. Pulling
REGISTERED AGENT MUST SIGN

Date 11/ / 04

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 |
|--------|--------------------------------------|---|---------------------|
| Pres | E.R. Mayberry | 1300 N. 17th Street Suite 1600 | Arlington, VA 22209 |
| CFO | James C. McDonnell | 1300 N. 17th Street; Suite 1600 | Arlington, VA 22209 |
| Sec | Peter E. Meier | 1300 N. 17th Street; Suite 1600 | Arlington, VA 22209 |
| Con | Peter McPhun | 1300 N. 17th Street; Suite 1600 | Arlington, VA 22209 |
| A Sec | Adam S. Chmara | 1300 N. 17th Street; Suite 1600 | Arlington, VA 22209 |
| | | | |

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adam S. Chmara

11/2/04

Date

703-253-1800

Daytime Phone #

CR2E081 (01/04)