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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

04 JAN -5 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000817

1. Limited Liability Company's Name
Cinergy EPCOM, LLC

100025782671
01/05/04--01045--013 **155.00

2. Principal Office Address
139 East Fourth Street

Suite, Apt. #, etc.

City & State
Cincinnati, OH

Zip
45201

Country
USA

3. Mailing Office Address
139 East Fourth Street

Suite, Apt. #, etc.

City & State
Cincinnati, OH

Zip
45202

Country
USA

4. State/Country of Formation
Delaware

**5. Date Organized or Qualified
To Do Business in Florida** 04/26/2000

6. FEI Number
Not applicable

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 **Zip Code**
FL 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 Spacia L. Williams, Asst. Sec.
REGISTERED AGENT MUST SIGN

Date 12/29/03

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	Cyrus, Michael J.	139 East Fourth Street	Cincinnati, OH 45202

REINSTATEMENT

2003

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 Michael J. Cyrus

Date 12/15/03 **Daytime Phone #** 513-419-5151

Typed or printed name of signing Managing Member/Manager Michael J. Cyrus