

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M00000001935

1. Limited Liability Company's Name

CINERGY SOLUTIONS OF BOCA RATON, LLC

2. Principal Office Address

139 East Fourth Street

Suite, Apt. #, etc.

City & State

Cincinnati, OH

Zip

45202

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/USA

5. Date Organized or Qualified

To Do Business in Florida

9/19/2000

6. FEI Number

Applied For

X 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

FL

Zip Code

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

Susan J. Metz

Susan J. Metz

REGISTERED AGENT/SECRETARY

Date

11-12-01

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

Michael J. Cyrus
Cinergy Solutions, Inc.

139 East Fourth Street

Cincinnati, OH 45202

REINSTATEMENT

2001

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155.00 ne

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 11/10/01

Daytime Phone # 513-421-9500

Typed or printed name of signing Managing Member/Manager

Michael J. Cyrus