

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

FILED

2003 OCT 16 PM 3:22

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

500023914935

10/17/03 01090 006 \$150.00

4. State/Country of Formation

Delaware USA

5. Date Organized or Qualified
To Do Business in Florida

November 23, 1998

6. FEI Number

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

C T 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. Metze*

Susan J. Metze

Assistant Secretary

Date 10-22-03

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	M. Stephen Harkness	Cinergy Solutions, 139 E. Fourth St.	Cincinnati, OH 45202

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*M. Stephen Harkness*

Date 10/14/03

Daytime Phone#

513-419-5027

Typed or printed name of signing Managing Member/Manager

M. STEPHEN HARKNESS