


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000002769
1. Limited Liability Company's Name
TXU Energy Solutions Management Company LLC

2. Principal Office Address: EP 34108, 1601 Bryan St.
Suite, Apt. #, etc.
City & State: Dallas TX
Zip: 75201
Country: [Blank]

3. Mailing Office Address: Same
Suite, Apt. #, etc.
City & State: TX
Zip: [Blank]
Country: [Blank]

4. State/Country of Formation: TX
5. Date Organized or Qualified To Do Business in Florida: 12/13/01
6. FEI Number: 26-0022175
Applied For: [Checked] 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
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.: [Blank]
City: Plantation
State: FL
Zip Code: 33324
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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: See attached letter already appointed.
Date: [Blank]
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 |
|--------|-----------------------------------|--|--------------------|
| Member | TXU Energy Company LLC | 1601 Bryan Street | Dallas, TX 75201 |
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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: [Signature]
Date: 6/23/03
Daytime Phone#: 214 812 6640
Typed or printed name of signing Managing Member/Manager: John F. Stephens, Jr.

Asst. Secretary
TXU Energy Company LLC

CR2E041 (10/02)