hogy was

PLEASE:READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. DIVISION OF CORPORATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE 03 JUL -1 AM 9: 29 **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # MOI 00002769

1. Limited Liability Company's Name TXU Energy Solutions Management Conput LC 3. Mailing Office Address 2. Principal Office Address 1601BA 4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida City & State City & State Applied For 6, FEI Number 1 26-0022175 Not Applicable Country \$5.00 Additional Fee required for a Certificate of Status 75201 CERTIFICATE OF STATUS DESIRED 🔲 8. Name and Address of Current Registered Agent Name 1 500021237975 (brparation Street Address (P.O. Box Number is Not Acceptable) Island Road 1200 Suite, Apt. #, Etc. City Plantation Zip Code State **3**3 3 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/ Managers Street Address of Each Managing Member/Manager City / State / Zip 11. Learlify 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. 03 Daytime Phone # 214 812 6640 Managing Member/Manager Typed or printed name of signing Managing Member/Manager __

Asst. Sountay TAU Energy Congay U.C.