


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 MAY 12 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/06/09--01020--002 ***793.75
CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<p style="text-align: right;">FILED</p> <p style="text-align: right;">09 MAY 12 AM 10:28</p> <p style="text-align: right;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
DOCUMENT # M04000001876					
1. Limited Liability Company's Name Practical Energy Solutions, LLC					
2. Principal Office Address - No P.O. Box # 29 N Plains Hwy, Unit 15 Suite, Apt. #, etc.		3. Mailing Office Address 29 N Plains Hwy, Unit 15 Suite, Apt. #, etc.		4. State/Country of Formation Connecticut/USA	
City & State Wallingford, CT		City & State Wallingford, CT		5. Date Organized or Qualified To Do Business in Florida 05/17/2004	
Zip 06492	Country U.S.A.	Zip 06492	Country U.S.A.	6. FEI Number 06-1579413	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status				<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
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		<i>Salvia Amenta-Gray</i> SALVIA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY			
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	Robert Shampain	29 N Plains Hwy, Unit 15	Wallingford, CT 06492		
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		Date 4/27/2009		Daytime Phone # 203-284-1750	
Typed or printed name of signing Managing Member/Manager Robert Shampain					

REINSTATEMENT 05-09 DB