PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 OCT 21 AM 8:25

DOCUMENT # m14000006984

1. Limited Liability Company's Name
NRG Renew LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
211 Carnegie Ctr	211 Carnegie Ctr
Suite, Apt. #, etc.	Suite, Apt. # etc.
City & State: Princeton, NJ	City & State: Princeton, NJ
Zip: 08540 Country: USA	Zip: 08540 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 9-29-2014

6. FEI Number: 264322315 ☐ 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 605, F.S.

Signature of Registered Agent: Connie Bryan Date: 10/21/2015
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Thomas P. Doyle	211 Carnegie Center	Princeton, NJ 08540
AR	David Callen	211 Carnegie Center	Princeton, NJ 08540
AR	Christopher Sotos	211 Carnegie Center	Princeton, NJ 08450
AR	Jennifer Hein	211 Carnegie Center	Princeton, NJ 08540
AR	Deborah R. Fry	211 Carnegie Center	Princeton, NJ 08540

REINSTATEMENT OCT 21 2015

11. E-mail Address: SubsidiaryManagement@nrg.com
(To be used for future annual report notifications) R. HUNT

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Deborah R Fry Date: 10/21/15 Daytime Phone #: 609 524 4596

Typed or printed name of signing Authorized Representative/Manager: Deborah R. Fry

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000252390 3)))

H15000252390 3ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 21 PM 1:07

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
NRG RENEW LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

OCT 21 2015
R. HUNT

Electronic Filing Menu Corporate Filing Menu Help