

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

01 JAN -9 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M99000000126

**1. Limited Liability Company's Name**

DUKE ENERGY NORTH AMERICA, LLC

**REINSTATEMENT**

2000-  
2001

**2. Principal Office Address**

5400 WESTHEIMER COURT

Suite, Apt. #, etc.

WO-8L27

City & State

HOUSTON, TX

Zip

77056

Country

USA

**3. Mailing Office Address**

5400 WESTHEIMER COURT

Suite, Apt. #, etc.

WO-8L27

City & State

HOUSTON, TX

Zip

77056

Country

USA

**4. State/Country of Formation**

DELAWARE

**5. Date Organized or Qualified  
To Do Business in Florida**

7/28/99 (7-28-99)

**6. FEI Number**

56-2051208

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$3.00 Additional Fee required  
for a Certificate of Status

**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 Rd.

Suite, Apt. #, Etc.

300003554223-9

01/18/01-01074-089

\*\*\*\*150.00 \*\*\*\*150.00

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

*EA Wallace*

**EA Wallace**

**Assistant Secretary**

Date 1/8/2001

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

300003554223-9

01/18/01-01074-030

\*\*\*\*50.00 \*\*\*\*50.00

MGR

JAMES M. DONNELL

5400 WESTHEIMER COURT

HOUSTON, TX 77056

MGR

HARVEY J. PADEWER

5400 WESTHEIMER COURT

HOUSTON, TX 77056

*Pa-01*

**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

*James M. Donnell*

Date 11-9-00

Daytime Phone # 713-627-4632

Typed or printed name of signing Managing Member/Manager

James M. Donnell

CR2E041 (9/00)