

DEC. 14. 2005 1:45PM

CSC HARRISBURG

2005. 875062 P. 1-02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 JAN 17 PM 3:13

DOCUMENT # P98000050582

1. Corporation Name

Total Gas & Electricity (PA) Inc.

300065187543 02/06/06--01004--017 **008.75

2. Principal Office Address

595 Summer Street

Suite, Apt. #, etc.

300

City & State

Stamford Connecticut

Zip

06901 USA

3. Mailing Office Address

595 Summer Street

Suite, Apt. #, etc.

300

City & State

Stamford Connecticut

Zip

06901 USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0841209

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent

Barbara J. Christmas

Date 12-14-05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Jeffrey A. Mayer	595 Summer Street	Stamford, CT 06901
Secretary	Carole R. Artman-Holze	595 Summer Street	Stamford, CT 06901
CEO	Chaito Parikh	595 Summer Street	Stamford, CT 06901
Director	Taha Glad	595 Summer Street	Stamford, CT 06901
Director	Thomas Hartman	595 Summer Street	Stamford, CT 06901

10. I certify that I am an officer or director of the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(C), F.S. 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06

Date

203-356-1318

Daytime Phone #

11200