A32451



# Florida Department of State

## Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

DOW

## LP/LLLP REINSTATEMENT

**AUBURNDALE POWER PARTNERS, LIMITED PARTNERSHIP**

| | |
|---|---|
| Certificate of Status | 0 |
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JAN. 10. 2008 12:16PM NO. 332 P. 1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED PARTNERSHIP REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

**DOCUMENT # A32451**

1. Name of Limited Partnership
AUBURNDALE POWER PARTNERS, LIMITED PARTNERSHIP

CR2E039 (11/05)

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| c/o Calpine Corporation<br>50 W. San Fernando Street | c/o Calpine Corporation<br>50 W. San Fernando Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: San Jose, California | City & State: San Jose, California |
| Zip: 95113 Country: Santa Clara | Zip: 95113 Country: Santa Clara |

4. Date Formed or Registered To Do Business in Florida: 1/13/1992

5. FEI Number: 33-0509986 — X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ($8.75 Additional Fee required for a Certificate of Status)

8. 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

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $88.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

9. Pursuant to the provisions of section 620.1010 or 620.1008, Florida Statutes, I hereby accept the appointment of registered agent and agree to comply with and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): Doreen Wallace — Doreen Wallace, Assistant Vice President — DATE: 1/8/08
(REGISTERED AGENT MUST SIGN)

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 10. Name(s) of General Partner(s) | Address of Each General Partner (Do NOT Use Post Office Box Number) | City, State and Zip Code | 10a. Registration Document Number |
|---|---|---|---|
| Auburndale GP, LLC | c/o Calpine Corporation<br>50 W. San Fernando St. | San Jose, California | M03000002240 |

REINSTATEMENT 2004 - 2008

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. In the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: Charles B Clark Jr — DATE: JAN. 7, 2008

Charles B. Clark, Jr. Chief Financial Officer — Telephone Number: (408) 995-5115
Typed or Printed Name of General Partner Signing Form