

SEP. 27. 2006 3:04PM

C S C

NO. 410 P. 3
H06000238372 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS06 SEP 27 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000000044

1. Corporation Name

Calpine Operating Services Company, Inc.

2. Principal Office Address

50 W. San Fernando St.

3. Mailing Office Address

50 W. San Fernando St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

San Jose, CA

City & State

San Jose, CA

Zip

95113

Country

USA

Zip

95113

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/6/1995

5. FEI Number

71-0887428

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 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

32301-2625

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered AgentLaura R. Dunlap
as its agent

Date

9/27/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
EVP	Eric Pryor	c/o Calpine Corporation 50 W. San Fernando St.	San Jose, Ca 95113
CFO	Charles B. Clark, Jr.	c/o Calpine Corporation 50 W. San Fernando St.	San Jose, Ca 95113
EVP	James E. Macias	c/o Calpine Corporation 50 W. San Fernando St.	San Jose, Ca 95113
VP	Dan Rorabaugh	c/o Calpine Corporation 50 W. San Fernando St.	San Jose, Ca 95113
AS	Nancy Murray	c/o Calpine Corporation 50 W. San Fernando St.	San Jose, Ca 95113

10. I certify that I am an officer or director or the receiver or 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 119.07(3)(b), 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:

Eric Pryor,

Executive Vice President. 9/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H06000238372 3

SEP. 27. 2006 3:03PM

C S C

NO. 410

P. 1

2/2

Florida Department of State
Division of Corporations
Public Access System

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.

(((H06000238372 3)))



H060002383723ABC+

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

To:

Division of Corporations
Fax Number : (850)205-0384

From:

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

CORPORATION REINSTATEMENT

CALPINE OPERATING SERVICES COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)