

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F97000001809**

1. Corporation Name

PSEG GLOBAL USA INC.

Principal Place of Business

1200 E. RIDGEWOOD AVE., 3RD FL., W. WING
RIDGEWOOD NJ 07450

Mailing Address

1200 E. RIDGEWOOD AVE., 3RD FL., W. WING
RIDGEWOOD NJ 07450

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1997

5. FEI Number

22-2982989

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
DP	THOMSON, MICHAEL J	1200 E. RIDGEWOOD AVE., 3RD FL.,	RIDGEWOOD NJ 07450
D	CASSIDY, FRANK	1200 E. RIDGEWOOD AVE., 3RD FL.,	RIDGEWOOD NJ 07450
D	KOEPPE, ALFERD C	1200 E. RIDGEWOOD AVE., 3RD FL.,	RIDGEWOOD NJ 07450
D	DOUGHERTY, ROBERT J JR.	1200 E. RIDGEWOOD AVE., 3RD FL.,	RIDGEWOOD NJ 07450
D	FERLAND, E. JAMES	1200 E. RIDGEWOOD AVE., 3RD FL.,	RIDGEWOOD NJ 07450
AT	SITAR, PATRICIA	1200 E. RIDGEWOOD AVE., 3RD FL.,	RIDGEWOOD NJ 07450

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Date **10/14/99**

11. 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)(i), 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:

Patricia A. Sitar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia A. Sitar, AT

10/13/99
Date

Daytime Phone #

FILED

99 OCT 14 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

