PLEASE RE	AD ALL INS	TRUCTIONS E	BEFORE C	OMPLETIN	IG THIS FOI	RM.	
APPLICATION, CO FLORIDA DEPARTMEN			T OF STATE		FILED		
FOR GY		Secretary of State DIVISION OF CORPORATIONS			99 <b>5EP-23</b> PH 3:55		
DOCUMENT # F9700  1. Corporation Name		PECALLY CALL STATE					
CALPINE G.A., INC.	Mailing Addre			910			
50 West San Fernando	San Fernando		To the second				
San Jose, CA 95113	B, CA 95113		REI	NSTAT	EME	NT <u>98-99</u>	
		ng Office Address, Mapplicable 4. Date in the San Fernando To Do			orporated or Qualified lainess in Florida May 16, 1999		
City & State San Jose, CA	ny & State City & State an Jose, CA San Jos		e, CA 6		ed For	2.0.	Applied For Not Applicable
Zip Country 95113  7. Names and Street Addresses of Each Office	2ip 95113	Country	rations must list at	<u> </u>	OF STATUS DESIRE		
Title(s)  1 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			4	City / Stat	e / Zip	
President and Director Peter Cartwr	50 W. San 1	Fernando S	t.	San Jos	e, CA	95113	
ice President, Secretary and irector Ann B. Curtis		50 W. San Fernando St.			San Jos	e, CA	95113
	00			000030229900 -10/22/9901110020 ****300.00 ****300.00			
					-10/22/9901110021 ****600.00 ****600.00		
8. Name and Address of Current Registered Agent Name					Address of New R	egistered /	gent
Corporation Service Company			NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 East Park Suite, Apt. #, Etc.				
1201 Hayes Street Tallahassee, FL 32301			City			State	Zip Code 32301
10 I, being appointed the registered agent of the Signature of	ne above named cor	Char	Tallahass with and accept the rles Bacle Presiden	a obligations of S t ,	_	1 2 200	32301
Registered Agent		SENT MUST SIGN			Date		
<ol> <li>This corporation owes o Intangible Personal Prop</li> </ol>			ear Yes [	No[	(Se		for information pible tax.)
12 I certify that I am an officer or director or the filing this reinstatement application, the reathat all fees owed by the corporation have transfer information indicated on this application is	son for dissolution I seen paid and the na	has been ellminated, ti ame of Individuals liste and my signature shall	he corporate name of on this form do have the same le	e satisfies the rec not qualify for an gal effect as if ma	juirements of section exemption under se	n 607.0401	or 617.0401, F.S.,
SIGNATURE: WHO TYPED	OR PRINTED NAME O	Ann B. Curt		rary	Date	Dayl	ims Phone #

STF FL 32474F.1