

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 98-99 REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 SEP 23 AM 11:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F97000002649					
1. Corporation Name CALPINE AUBURNDAL, INC.					
Principal Place of Business 50 West San Fernando San Jose, CA 95113		Mailing Address 50 West San Fernando San Jose, CA 95113			
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable 50 West San Fernando <small>Suite, Apt. #, etc.</small>		3. New Mailing Office Address, If Applicable 50 West San Fernando <small>Suite, Apt. #, etc.</small>		4. Date Incorporated or Qualified To Do Business in Florida May 17, 1999 SP	
City & State San Jose, CA Zip 95113		City & State San Jose, CA Zip 95113		5. FEI Number 77-0472432 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
President and Director	Peter Cartwright	50 W. San Fernando St.	San Jose, CA 95113		
Vice President, Secretary and Director	Ann B. Curtis	50 W. San Fernando St.	San Jose, CA 95113		
A/S	Lisa M. Bodensteiner	50 W. San Fernando St.	San Jose, CA 95113		
			600003006626--4 -10/06/99--01003--021 ****600.00 ****600.00		
			600003006626--4 -10/06/99--01003--022 ****300.00 ****300.00		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Corporation Service Company 1201 Hayes Street Tallahassee, FL 32301			Name NRAI Services, Inc.		
			Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue		
			Suite, Apt. #, Etc.		
			City Tallahassee	State FL	Zip Code 32301
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 <u>Charles Baclet</u> Charles Baclet, Vice President Date _____ REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(See other side for information on Intangible tax.)</small>					
12. 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 name 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: <u>L. Bodensteiner</u> Lisa M. Bodensteiner, Assistant Secretary 9/20/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					