

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
00 OCT 27 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004410

1. Corporation Name

GPU GENERATION SERVICES - PASCO, INC.

Principal Place of Business

Mailing Address

C/O GPU INTERNATIONAL, INC.  
ONE UPPER POND ROAD  
PARSIPPANY NJ 07054

C/O GPU INTERNATIONAL, INC.  
ONE UPPER POND ROAD  
PARSIPPANY NJ 07054



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/25/1999	
City & State		City & State		5. FEI Number	
Zip		Country		22-3648259	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
D	<del>WISE, ROBERT E.</del> FREDDO, MICHAEL J	ONE UPPER POND ROAD	PARSIPPANY NJ 07054
P/D	LANTZY, RONALD P	ONE UPPER POND ROAD	PARSIPPANY NJ 07054
V.	<del>DOMINGUEZ, FRANK</del> PAGLIUCA, JOANNE	ONE UPPER POND ROAD	PARSIPPANY NJ 07054
V.	<del>MCTEAR, JOHN A</del>	ONE UPPER POND ROAD	PARSIPPANY NJ 07054
V/D	MATHESON, BETH	ONE UPPER POND ROAD	PARSIPPANY NJ 07054
S	<del>BARISH STRAUS, SARAH</del> GUIBORD, SCOTT L	ONE UPPER POND ROAD 300 madison Ave, PO Box 1911	PARSIPPANY NJ 07054 Morristown, NJ 07962-1911

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		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 SPECIAL ASSISTANT SECRETARY  
Date: 10/27/2000

REGISTERED AGENT MUST SIGN

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: Ronald P. Lantzy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Ronald P. Lantzy, President

Date: 10-20-2000  
Daytime Phone #: 973-263-6820

CR2E040 (8/00)