

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

08/25/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3648259

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

500003449225--1

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
1	2	3	4
D	WISE, ROBERT E. FREDDO, MICHAEL J	ONE UPPER POND ROAD	PARSIPPANY NJ 07054
P/D	LANTZY, RONALD P	ONE UPPER POND ROAD	PARSIPPANY NJ 07054
V.	DOMINGUEZ, FRANK PAGLIUCA, JOANNE	ONE UPPER POND ROAD	PARSIPPANY NJ 07054
V.	MCTEAR, JOHN A	ONE UPPER POND ROAD	PARSIPPANY NJ 07054
V/D	MATHESON, BETH	ONE UPPER POND ROAD	PARSIPPANY NJ 07054
S	BARISH STRAUS, SARAH 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

SIGNATURE OF
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

RONALD P. LANTZY REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald P. Lantzy
President

Date

Daytime Phone #

10-20-2000

973-
263-6820

CR2040 (800)