

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

L01000016219

FILED

1. DOCUMENT # L01000016219

Name and Mailing Address

02 DEC -6 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011274 01 SP 0.370 **SGLP 0615 19317

MIDATLANTIC ENERGY OF OREGON, LLC
6 HILLOCK LANE
CHADDS FORD PA 19317



2. New Mailing Address

City, State, Zip

Principal Place of Business

6 HILLOCK LANE
CHADDS FORD PA 19317

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/18/2001

6. FEI Number

30-0069550

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

WEISS, LISA R
86 LADOGA AVENUE
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

200008789732

Street Address (P.O. Box Not Permitted)

200008789732

11/04/02-01093-009 **150.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/20/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	Donald J. Weiss	6 Hillock La	Chadds Ford PA 19317

REINSTATEMENT 2002
BK

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date 10/22/02

Daytime Phone #

610-459-8074

Typed or printed name of signing Managing Member/Manager