

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500024379995

11/03/03--01065--001 **150.00

1. DOCUMENT # L02000021459

Name and Mailing Address

0015529 01 MB 0.309 **AUTO TB 0 0615 19317-960099
MIDATLANTIC POWER ALTERNATIVES, LLC
100 DICKINSON DRIVE
SUITE 106
CHADDS FORD, PA 19317-9600



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 08/21/2002

Principal Place of Business
100 DICKINSON DRIVE
SUITE 106
CHADDS FORD, PA 19317

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number
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

ROUSE, JOHN M
727 VILLAGE ROAD
N PALM BEACH FL 32303

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 *John M. Rouse* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10-28-03

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
MGRM	WEISS, DONALD J	6 HILLOCK LANE	CHADDS FORD PA 19317
MGRM	MONINGHOFF, KENNETH J	1308 POPLAR AVENUE	KIRKWOOD NJ 08043

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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 *John M. Rouse* **SIGNATURE REQUIRED**

Date

10/29/03

Daytime Phone #

610-459-8074

Typed or printed name of signing Managing Member/Manager