PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. W. 01001 | PM 3: 39 LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # M03000002246 BK 1. Limited Liability Company's Name CALPINE AUBURNDALE, LLC CR2E041 (1/07) 2. Principal Office Address - No P.O. Box # 50 W. SAN FERNANDO ST 3. Mailing Office Address 50 W. SAN FERNANDO ST 4. State/Country of Formation Delaware Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida JULY 09, 2003 City & State City & State Applied For SAN JOSE, CA \$1-0562363 SAN JOSE, CA Not Applicable Country 7. CERTIFICATE OF STATUS DESIRED 🔀 95113 95113 \$5.00 Additional Fee required for a Certificate of Status USÁ USA 8. Name and Address of Current Registered Agent Name Corporation Service Company ☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. 32301 Gode Tallahassee 9. I, being appointed the register agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip San Jose, CA 95113 MGRM Calpine Unrestricted Holdings, LLC 50 W. San Fernando Street REINSTATEMENT 2004 - 2007 200110697292 11. 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. $_{\text{Date}} 10/04/2007$ $_{\text{Daytime Phone #}} 7/3-570-4706$

Typed or printed name of signing Managing Member/Manager WILLIAM CHENETTE - VICE PRESIDENT

ACCOUNT NO.	CCOUNT NO.	
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4379392

REFERENCE 259899

OST LIMIT S 30

ORDER DATE: October 4, 2007

ORDER TIME : 1:34 PM

ORDER NO. : 259899-005

9-005 BK

CUSTOMER NO: 4379392

REINSTATEMENT

NAME: CALPINE AUBURNDALE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS ____

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