

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M04000002360

1. Limited Liability Company's Name

Orlando Power Generation I LLC

2. Principal Office Address - No P.O. Box #

C/O Atlantic Power - One Federal Road

Suite, Apt. #, etc.

30th Floor

City & State

Boston, MA

Zip

02110

Country

USA

3. Mailing Office Address

C/O Atlantic Power - One Federal Road

Suite, Apt. #, etc.

30th Floor

City & State

Boston, MA

Zip

02110

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

06/17/2004

6. FEI Number

481120961

☐ 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

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

500264776095  
09/29/14--01027--001 \*\*377.50

500264776095  
09/29/14--01026--001 \*\*0.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
President	Barry E. Welch	One Federal Street, 30th Floor	Boston, MA 02110
COO	Edward Hall	One Federal Street, 30th Floor	Boston, MA 02110
VP	Paul Rapisarda	One Federal Street, 30th Floor	Boston, MA 02110
VP	Terrance Ronan	One Federal Street, 30th Floor	Boston, MA 02110
2013-2014			

11. E-mail Address: legal@atlanticpower.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

9/4/14

Daytime Phone # 617-977-2400

Typed or printed name of signing Authorized Representative/Manager Barry E. Welch