PLÉASE READ ÂLL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 JUL -7 PM 2:38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P35874

NCP Dade Power Incorporated

REINSTATEMENT 99-	∞
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2. Principal Office Address One Upper Pond Road Suite, Apt. #, etc. City & State Parsippany, NJ		3. Mailing Office Ad	ddress	REINSTATEMENT 99-00		
		Same as #	2	4. Date Incorporated or Qualified To Do'Business in Florida 1'0/1'1/9'1		
		Suite, Apt. #, etc.				
		City & State		5. FEI Number Applied 33–0505981 Not App		
Z _{ip} 07054	Country	Zip 07054	Country USA	6. CERTIFICATE OF STATUS DESIRED		
		7. Name a	nd Address of Current Re	egistered Agent		
	Name CT Corpora	tion System				
İ	Street Address (P.O. Box Num	ber is Not Acceptable) ne Island Rd.		6000033495866 -08/08/0001078021		
Suite, Apt. #, Etc.			****908.79	****908.75		
	City Plantation		,	State Zip Code FL 33324;	·	
8. I, being	appointed the registered agent of	the above named corporation,	am familiar with and accept	t the obligations of section 607.0505 or 617.0503,	F.S.	
Signature of Registered	Agent	REGISTE ED AGENT M	UST SIGN	Date 7 _	17/2000	
	and Street Addresses of Each Of			st at least 3 directors)		

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P/D	Ronald P. Lantzy	One Upper Pond Road	Parsippany, NJ 07054	
V/D	Beth Matheson	One Upper Pond Road	Parsippany, NJ 07054	
D	Michael Freddo	One Upper Pond Road	Parsippany, NJ 07054	
V.	Frank Dominquez	One Upper Pond Road	Parsippany, NJ 07054	
T	Joanne Pagliuca	One Upper Pond Road	Parsippany, NJ 07054	
S	Scott Guilbord	c/o GPU Service, Inc. 300 Madison Avenue	Morristown, NJ 07962	

10. 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 filling 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:

OF SIGNING OFFICER OR DIRECTOR

7/6/2000

(973) 263-6820

Date

Daytime Phone #