PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

NCP LAKE POWER INCORPORATED

FILED

99 DEC 20 AM 9: 37

SECHENARY OF STATE TALLAMASSEE, FLORIDA

Principal Place of Business Mailing Address C/O GPU, International, Inc. One Upper Pond Road

Parsippany, N.J. 07054

| If above a | ddresses are | incorrect in any way, line th | rough incorrect ii | nformation an | nd enter co | orrection h | elow | REINS | STATEME | NT | 1999 | |
|---|-------------------------------------|-----------------------------------|--------------------|--|--|--|---------------------|---------------------------------------|-------------------------|-------------------------------|---|--|
| 2. New Prin | ing Office Address, If Applicable | | | | Date Incorporated or Qualified To Do Business in Florida | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, | | | | , etc. | | | | 10/11/91 5. FEI Number Applied For | | | | |
| City & State City & State | | | | | | | - | 33-0505977 - Not Applicable | | | | |
| Zip | | Country | Zip | | Country | | | | E OF STATUS DESIRED 🔀 | \$8.75 Addi for a Cerl | tional Fee required lificate of Status | |
| 7. Names a | and Street Add | dresses of Each Officer and | or Director (Flo | rida nonprofit | corporati | ons must l | st at lea | st 3 directors) | | | | |
| Title(s) | Name of Officers and/or Directors 2 | | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N | | | | | ers) City / State / Zip | | | |
| Pres./ | res./ Ronald P. Lantzy | | | | Upper | Pond | Road | 1 | Parsippany, | N.J. | 07054 | |
| Vice Pres. | Vice Beth Matheson | | | One Upper Pond Road | | | 1 | Parsippany, N.J. 07054 | | | | |
| Vice Pres. | i | | | | One Upper Pond Road | | | | Parsippany, N.J. 07054 | | | |
| Vice Pres. | ce Frank Dominguez | | | | One Upper Pond Road | | | | Parsippany, | , N.J | . 07054 | |
| Secretary Sarah Barish-Straus | | | | One Upper Pond Road | | | 1 | Parsippany, N.J. 07054 | | | | |
| Name and Address of Current Registered Agent | | | | | | Name and Address of New Registered Agent | | | | | | |
| | | | | | | Name | | | | | ĺ | |
| CT-Corporation System- 1200 S. Pine Island Road | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| Plantation, FL 33324 | | | | | | Suite, Apt. #, Etc01/14/0001065021 | | | | | | |
| 10. I, being appointed the registered agent of the above named corporation, am familiar wit | | | | | | | City State Zip Code | | | | | |
| 10. I, being Signature of Registered | | e registered agent of the abi | | | SIGN | CHARLES 1 | W. MEY | ER- | Date 12 [6] | 19 | | |
| | is corpo | ration owes the Personal Prope | current y | ear | 1000 | STANT VEC | Yes | | (See other on in | side for info tangible tax | ormation c.) | |

12. 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 AND TYPED ON PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

973-263-6820

Daytime Phone #