

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 15 AM 10:14

DOCUMENT # **P00000015081**

1. Corporation Name

NORTHSTAR EXHIBIT SERVICES, INC.

Principal Place of Business

9959 N.W. 56TH PLACE
 CORAL SPRINGS FL 33076

Mailing Address

9959 N.W. 56TH PLACE
 CORAL SPRINGS FL 33076



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0986343

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	EDEN, SUSAN J	9959 N.W. 56TH PLACE	CORAL SPRINGS FL 33076
D	EDEN, PAUL W	9959 N.W. 56TH PLACE	CORAL SPRINGS FL 33076

500004649905--4
 -10/23/01--01045--019
 ****750.00 ****750.00

BRW/22

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EDEN, SUSAN J
 9959 N.W. 56TH PLACE
 CORAL SPRINGS FL 33076

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *SUSAN J EDEN*
 REGISTERED AGENT MUST SIGN

Date 10/11/01

11. 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 filing 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: *PAUL W EDEN*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/11/01 Daytime Phone # 954-227-7912

CR2E040 (8/01)