## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secregry of State DIVISION OF CORPORATIONS

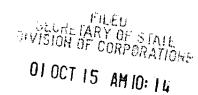
P00000015081 **DOCUMENT #** 

1. Corporation Name

NORTHSTAR EXHIBIT SERVICES, INC.

Principal Place of Business

Mailing Address



9959 N.W. 5	6TH PLACE INGS FL 3307	9959 N.W. 56TH PLACE CORAL SPRINGS FL 33076								
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.										
New Principal Office Address, If Applicable     New Maili					ing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     02/07/2000		
Suite, Apt. #, etc. Suite, Ap				t. #, etc.			5. FEI Number		Applied For	
City & State			City & State				65-09	186343	Not Applicable	
Zip Country		Zip		Country CERTIF		<u> </u>	ATE 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)										
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				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		
·							51	-10/23/01-	<b>99054</b> 01045019 01045019	
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	,					1	3 ( 10) ( 13)		ļ	
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent			
EDEN, SUSAN J 9959 N.W. 58TH PLACE						Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				
•						City State Zip Code				
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 SENGOSEGOSIRED Date 10110										

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR