FOREGRED 25 R PLEASE READ ALL L

LIMITED **PARTNERSHIP** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # B97000000284 1. Name of Limited Partnership NORSTAR DEVELOPMENT USA, L.P. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 200 South Division Street 200 South Division Street CR2E039 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Data Formed or Registered To Do Business in Florida City & State City & State 5. FEI Number Applied For Buffalo, New York Buffalo, New York 75-2703932 Not Applicable Country Country 6. \$8.75 Additional Fee required for a Certificate of Status 14204 CERTIFICATE OF STATUS DESIRED US 14204 US 8. Name and Address of Current Registered Agent 7. FEES: Name Filing Fee(s): \$411.25 for each year due this office. Brian J. McDonough Supplemental Fee(s): \$88.75 for each year due this office. Street Address (P.O. Box Number is Not Acceptable) Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. <u> 150 West Flagler Street, Suite 2200</u> X \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in Sulte, Apt. #, Etc. circumstances which the entity did not receive the prior notices. ^{City} Mi.ami State Zip Code By checking this box, you are certifying the prior notices were not FI 33130 received and requesting the \$500 penalty fee(s) be waived. Pursuent to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, SEE ATTACHED FOR REGISTERED AGENT SIGNATURE SIGNATURE (Registered Agent Accepting Appointment) _ (REGISTERED AGENT MUST SIGN) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration 10a. 10. City, State and Zip Code Name(s) of General Partner(s) Document Number

Nordev, Inc. 200 South Division Street, Buffalo, NY 14204 F97000002991

REINSTATEMENT 200

400095\$923: 04/03/07--01051--004

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I relates the Division of Corporations from any liability of non-compliance with Chapter 119, Fls. In the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate find that my sometime shall have the same legal effects as if made under ceth. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute that report as required. The partner 620, Florida Statutes.

SIGNATURE .

Typed or Printed Name of General Partner Signing Form

LIMITED
PARTNERSHIP
REINSTATEMENT

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

200 South Division Street



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Name of Limited Pertnership	B97000000284
NORSTAR DEVELOP	MENT USA, L.P.

3. Mailing Office Address 200 South Division Street Suite, Apt. #, etc.		CR:	2E039 (1/07)	2
		4. Date Formed or Registered To Do Business in Florida	d	
City & State Buffalo, New York		5. FEI Number 75–2703932		Applied For
Zip 14204	Country US	6. CERTIFICATE OF STATUS DE		iditional Fee required

Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State	_	City & State			
Buffalo,	New York	Buffalo, Ne	w York		
Zip 14204	Country US	Zip 14204	Country US		
	8. Name and Ad	dress of Current Registered A	gent		
,	McDonough O. Box Number is Not Acc Flagler Street	• •			
^{City} Miami		State FL	Zip Code 33130		
_					

7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

X A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be walved.

9.	Pursuant to the provisions of section 620,1610 or 6	20.1909 <i>(</i> florida(Sta	ilutes.	I hereby accept f	ge appointment of r	registered agent. I am fami	liar with, and accept	the obligations of Chapte	r 620,
	Florida Statutes.	4/2	- }	· /		Λ	•		
SIG	NATURE (Registered Agent Accepting Appointment)	mi	\leq	<u>:(UC)</u>	Dun		DATE	126/07	
				(REGISTERED	AGENT MUST SIGN	v)		7	
	A GENERAL PARTNER THAT	IS A COR	¥OI	RATION.	LIMITED/P	ARTNERSHIP	OR OTHER	BUSINESS F	NTIT

MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOY Use Post Office Box Numbers)	City, State and Zip Code	Registration Document Number
Nordev, Inc.	200 South Division Stre	et, Buffalo, NY 14204	F97000002991
•	1		

REINSTATEMENT 2004

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11.	I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of
	Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is described exempt from public access. I turther certify that the information indicated
	on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or
	trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE	DATE
Typed or Printed Name of General Pertner Signing Form	Telephone Number