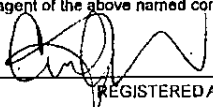
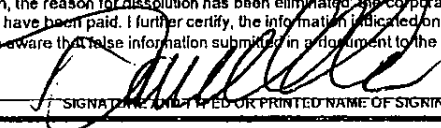


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F05000006009			
1. Corporation Name North Star Consultants, Inc.			
2. Principal Office Address - No P.O. Box # 2701 University Ave SE Suite, Apt. #, etc.		3. Mailing Office Address 2701 University Ave SE Suite, Apt. #, etc.	
City & State Minneapolis, MN		City & State Minneapolis, MN	
Zip 55414	Country USA	Zip 55414	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		5. PET Number 41-0948436	
6. CERTIFICATE OF STATUS DESIRED		Applied For Not Applicable	
		\$0.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Courtney Williams Asst. Vice President Date 11.10.16	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/D/S	David Vasos	2701 University Ave SE	Minneapolis, MN 55414
D	Robert Kaufer	2701 University Ave SE	Minneapolis, MN 55414
D	Edward Deutschlander	2701 University Ave SE	Minneapolis, MN 55414
D	Phillip C. Richards	2701 University Ave SE	Minneapolis, MN 55414
S	Tim White	2701 University Ave SE	Minneapolis, MN 55414
D	PHILIP C. RICHARDS	2701 UNIVERSITY AVE SE	MINNEAPOLIS, MN 55414
10. E-mail Address: caroline.dolney@northstarfinancial.com (To be used for future annual report notification)			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: 		11-9-16 Date Daytime Phone #	

REINSTATEMENT

2013-2016

NOV 10 2016

L BERGER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 366488 7974514

AUTHORIZATION :

COST LIMIT : \$ 1,200.00

ORDER DATE : November 10, 2016

ORDER TIME : 2:40 PM

ORDER NO. : 366488-005

CUSTOMER NO: 7974514

REINSTATEMENT

NAME: NORTH STAR CONSULTANTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
16 NOV 10 PM 4:24