PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 NOV 10 AM 7:06

DOCUMENT # F05000006009

1. Corporation Name

North Star Consultants, Inc.

000292236090

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2701 University Ave SE		2701 University Ave SE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Minneapolis, MN		Minneapolis, MN	
Zip	Country	Zip	Country
55414	USA	55414	USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 41-0948436 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 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	State	Zip Code
Tallahassee	FL	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

REGISTERED AGENT MUST SIGN

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	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 SR.	2701 UNIVERSITY AVE SE	MPLS 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REINSTATEMENT

2013-2016

NOV 10 2016

L BERGER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, 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

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16 NOV 10 PM 4:24

RECEIVED
DIVISION OF CORPORATIONS

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 _____