PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 NOV 28 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001818

1. Corporation Name

NORSTAR INVESTMENT USA, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
200 S. Division St.		200 S. Division St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Buffalo, NY		Buffalo, NY	
Zip 14204	Country USA	Zip 14204	Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 04/09/1997

5. FEI Number 16-1494436 — 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: Brian J. McDonough

Street Address (P.O. Box Number is Not Acceptable): Stearns Weaver et al.

Suite, Apt. #, Etc.: 150 W. Flagler St., Suite 2200

City: Miami — State: FL — Zip Code: 33130

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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 _____ Date 11/27/2012

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
PDT	SILVER, GARY B.	7077 Keele Street Suite 102	Concord, Ontario L4K 0B6
SDC	BROWN, NEIL	7077 Keele Street Suite 102	Concord, Ontario L4K 0B6
V	HIGGINS, RICHARD L.	200 S. Division Street	Buffalo, NY 14204
	NOV 28 2012	REINSTATEMENT 04-12	
	T. SCOTT		

10. E-mail Address: jodel@primericagroupone.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: _____ RICHARD L. HIGGINS — 11/21/12 — (518)587-0270

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