PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000003168 1. Corporation Name

NORSTAR BUILDING CORPORATION

FILED

06 AUG -7 ::: 12: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address 2180 Steeles Avenue W. Suite, Apt. #, etc. Suite 305 City & State Concord, Ontario		3. Mailing Office Ac 2180 Steel	es Avenue W.	REINSTATEMENT 04-(
		Suite 305		Date Incorporated or Qualified To Do Business in Florida			
		City & State Concord, O		5. FEI Number 16–1494435	Applied For Not Applicable		
Zip Country K4K 2S5 Canada		Zip LAK 2S5	Country Canada	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee regulred for a Certificate of Status		
	Name		7. Name a	nd Address of Current Regi	stered Agent		
	McDonough, Brian J.						
	Street Address (P.O. Box Number is Not Acceptable) 150 West Flagler Street, Suite 2200						
	Suite, Apt.	. #, Etc.					
	Chy Miami				Sizte Zip Code FL 33130		

Signature Registered	Agent LL LL TIKE	Q RED AGENT MUST SIGN	Date	
9. Name	s and Street Addresses of Each Officer and/or Dire	ctor (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	
DCT	Brown, Neil	2180 Steeles Ave W Ste 305	Concord, Ontario L4K 225	
DPS	Silver, Gary B.	2180 Steeles Ave W, Ste 305	Concord, Ontario L4K 2Z5	
v _	Higgins, Richard L.	100 Union Avenue	Saratoga Springs, NY 12866	
		087	100078881180 18/0601033008 **1050.0	
40 1	S. that I am an affirm or discount of the continue to			

this reinstitutement application, the reason for dissolution has been estimated, the corporate name satisfies the requirements of section 607.0401 or 617,0401 or on this application have been paid and the remeas of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and account of a portrol, and the same legal effect as if made under cath.

SIGNATURE:



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ش الجسس	بيب به بعد و المساول ا			_			
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # F9700003168			1				
NORS	STAR BUILDING	CORPORATION	1				
2. Principa	al Office Address	3. Mailing (Office Address	-			
	Steeles Avenue W.	-	Steeles Avenue W.		CR2F081 (12/05)		
Suite, Apt.	#, etc.	Suite, Apt. #,			CR2E081 (12/05)		
Suite	305	Suite			Date Incorporated or Qualified To Do Business in Florida		
City & State)	City & State					
Concor	rd, Ontario	Concor	d, Ontario	5. FEI Number 16-149		Applied For Not Applicable	
Zip	Country	Zip	Country	6.	59.75	Additional Fee required	
K4K 29	S5 Canada	L4K 2S	5 Canada		E OF STATUS DESIRED 60	Additional Fee required a Certificate of Status	
		7. 1	Name and Address of Current Registe	red Agent	-		
	McDonough, Bria	n .T					
	Street Address (P.O. Box Nui	mber is Not Acceptable)					
	150 West Flagle	r Street, Su	ite 2200			1	
	Suite, Apt. #, Etc.						
	City				State Zip Code		
	Míami				FL 33130	<u> </u>	
8. I, being	appointed the registered agent of	of the above named corpo	oration, am familiar with and accept the c	obligations of secti	ion 607.0505 or 617.0503, F.S.		
Signature of					2/25/06		
Registered	Agent	REGISTEREDAC	GENT MUST SIGN		Date 7 / ~ / C 5		
Q Names	and Circuit Addresses of Each (orida nonprofit corporations must list at le	A diseasons			
	Name o		Street Address of Eac		<u> </u>		
Titles	Officers and/or		Officer and/or Directo		City / State	/ Zíp	
DCT	Brown, Neil		2180 Steeles Ave W Ste 305		Concord, Ontario 14K 2Z5		
DPS	Silver, Gary B.		2180 Steeles Ave W,	Ste 305	Concord, Ontari	o L4K 2Z5	
V	Hīggins, Richar	d L.	100 Union Avenue		Saratoga Spring	s, NY 12866	
10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an examption contained in Chapter 119, 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 Date Daytime Phone #							