

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 22 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P01000088440**

1. Corporation Name

**NORTHSTAR MANAGEMENT SOLUTIONS, INC.**

Principal Place of Business

1111 BRICKELL AVENUE  
SUITE 1100  
MIAMI FL 33131

Mailing Address

1111 BRICKELL AVENUE  
SUITE 1100  
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
**P.O. Box 310096**

City & State  
**Miami FL**

Zip  
**33231-0096**

Country

**USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
**P.O. Box 310096**

City & State  
**Miami FL**

Zip  
**33231-0096**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/07/2001**

5. FEI Number

**65-1137774**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>D</b>	<b>NORTH, MARK</b>	<b>10720 SW 69TH AVENUE</b>	<b>MIAMI FL 33156</b>

300024024093  
10/22/03-01067-017 \*\*150.00

8. Name and Address of Current Registered Agent

**NORTH, MARK**  
**10720 SW 69TH AVENUE**  
**MIAMI FL 33156**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**MARK NORTH**  
REGISTERED AGENT MUST SIGN

Date **10-15-03**

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

**MARK NORTH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-15-03 305-539-7710**

October 20, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee FL  
32314-6327

Dear Sir or Madam;

Please find enclosed my Application for Reinstatement for "Northstar Management Solutions, Inc."

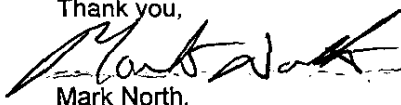
It is my intention to maintain Northstar active, and so have enclosed the Application along with the \$150.00 fee. As noted in the advice, I am not including a reinstatement penalty fee, since I did not receive the previous notices regarding the Uniform Business Report.

As you can see on the Application, the Principal Place of Business listed is different from the current address for Northstar Management Solutions, and I believe this is the reason for my not having received the previous notices regarding the required Uniform Business Report.

In any case, I apologize for not filing the uniform business report in a timely manner and very much appreciate your reinstating Northstar Management Solutions, Inc. to active status.

Please let me know of any comments or questions you may have.

Thank you,



Mark North,  
Managing Director

Northstar Management Solutions, Inc.  
P.O. Box 310096  
Miami, Florida  
33232-0096

Tel: 305-663-6095  
Email: [mnorth@nmsmiami.com](mailto:mnorth@nmsmiami.com)