

REINSTATEMENT

DOCUMENT # P03000154018

1. Entity Name
NORTHSTAR PROCESSING INCORPORATED



FILED
04 OCT 27 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
822 A PHILIP RANDOLPH
JACKSONVILLE, FL 32208

Mailing Address
P O BOX 9752
JACKSONVILLE, FL 32208

2. Principal Place of Business

3. Mailing Address

10252004 REIN-P CR2E098 (6/04)

4. FEI Number
830379637 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORTHSTAR PROCESSING INCORPORATED
822 A PHILIP RANDOLPH
JACKSONVILLE, FL 32208

7. Name and Address of New Registered Agent

Name Nichole D. Gillyard
Street Address (P.O. Box Number is Not Acceptable)
822 A Philip Randolph Blvd
City Jacksonville FL Zip Code 32206

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nichole D. Gillyard DATE 10.22.04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORTHSTAR PROCESSING INCORPORATED 523 WEST 60TH STREET JACKSONVILLE, FL 32208	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF EXECUTIVE OFFICER Nichole D. GILLYARD 822 A PHILIP RANDOLPH BLVD JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/5/04 01034 016 = \$150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <u>04</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>[Signature]</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nichole D. Gillyard Date 10.22.04 (904) 355-6338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR