2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000011516

Entity Name: NORTHSTAR BANKING CORPORATION

FILED Oct 09, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	- H ASHLEY D	R. SUITE 1400	New i inicipa	i riace of business.
Current Mailing Address:			New Mailing Address:	
400 NORTH ASHLEY DR. SUITE 1400 TAMPA, FL 33602				
FEI Number:	20-4212125	FEI Number Applied For()	FEI Number Not Applicab	le () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
2457 CARE TALLAHAS	SEE, FL 336	326 US	rpose of changing its re	egistered office or registered agent, or both,
in the State		odbinio uno oddomoni ioi uno pai	pood of changing he re	giotorea emec en registerea agent, en betil,
SIGNATUR		D DOUGHERTY		
	Electro	nic Signature of Registered Agen	t	Date
Election Cam		93(2)(b), F.S., the corporation did not r ng Trust Fund Contribution (). CTORS:	-	HANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD (WEIGEL, H. M 6451 RENWIC TAMPA, FL 33	CK CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BAREFIELD,) Delete SIMONE GANS IEADOW ROAD FL 33565	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (HASHAGEN, J 6624 TAEDA I SARASOTA, F	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (PATEL, KIRAN 11609 CARRO TAMPA, FL 33	I DLWOOD DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PATEL (PARE) Delete SH), PARESHBHAI DULEVARD #1706 FL 34695	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	POLITIS, GER	DULEVARD #1706	Address: 96	(X) Change () Addition DLITIS, GERGORY 5 S. BAYSHORE BLVD FETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. MONTY WEIGEL PD 10/09/2007