

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 AM 10:15

DOCUMENT # P08000090710

1. Corporation Name

NORTHSTAR INVESTMENT GROUP CORPORATION

400180279754
05/04/10--01048--020 **300.00

KS

REINSTATEMENT 09-10

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3665 BONITA BEACH ROAD		3665 BONITA BEACH ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 1-3		SUITE 1-3	
City & State		City & State	
BONITA SPRINGS, FL		BONITA SPRINGS, FL	
Zip	Country	Zip	Country
34134	USA	34134	USA

4. Date Incorporated or Qualified To Do Business in Florida 10/06/2008	
5. FEI Number	Applied For
26-4766278	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name			
ALLURE ACCOUNTING LLC			
Street Address (P.O. Box Number is Not Acceptable)			
3665 BONITA BEACH ROAD			
Suite, Apt. #, Etc.			
SUITE 1-3			
City		State	Zip Code
BONITA SPRINGS		FL	34134

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 04/30/10

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
PD	WOLFGANG BLOCK	1378 CHESAPEAKE AVE	NAPLES, FL 34102

10. E-mail Address: HBUSBY@ALLUREACCOUNTING.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., that all fees owed by the corporation have been paid. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Wolfgang Block 3-24-2010 239-992-3855