

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 15 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000059437**

**1. Corporation Name**

NORTHERN PACIFIC INVESTMENT GROUP, INC.

**2. Principal Office Address**

1112 Weston Rd.

Suite, Apt. #, etc.

162

City & State

Sunrise Florida

Zip

33326

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/6/98

**5. FEI Number**

650852548

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Samuel Mendoza

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

1112 Weston Rd.

Suite, Apt. #, Etc.

162

City

Fort Lauderdale

State  
**FL**

Zip Code

33326

**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

*Samuel Mendoza*  
REGISTERED AGENT MUST SIGN

Date 10/10/2002

**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
President	Samuel Mendoza	1112 Weston Rd. #162	Fort Lauderdale, Florida, 33326

**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 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:**

*Samuel Mendoza / Samuel Mendoza*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2002

Date

Daytime Phone #

(954) 448-8224

CR2E081 (8/01)

10/15/02

Florida, October 10 2002

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

I would appreciate if you kindly have my reinstatement fee waive. Since we had not received the corporation annual report form for the current year.

Thank you again for your consideration with this matter

Sincerely

  
SAMUEL MENDOZA