

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**

**Secretary of State**

**DIVISION OF CORPORATIONS**

**DOCUMENT #** P99000039748

**1. Corporation Name**

NORTHSTAR FINANCIAL ADVISORS, INC.

FILED  
00 OCT 23 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Office Address**

8360 W. Flagler St.

Suite, Apt. #, etc.

Suite 205B

**City & State**

Miami, Florida

**Zip**

33144

**Country**

**3. Mailing Office Address**

8360 W. Flagler St.

Suite, Apt. #, etc.

Suite 205B

**City & State**

Miami, Florida

**Zip**

33144

**Country**

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

5/3/99

**5. FEI Number**

65-0916434

Applied

Not Appl

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee  
for a Certificate of S

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

**Name**

Elliot Y. Garcia

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

8360 W. Flagler Street

**Suite, Apt. #, Etc.**

Suite 205B

**City**

Miami,

**State**  
FL

**Zip Code**

33144

**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**

X

REGISTERED AGENT MUST SIGN

**Date** 10/3/00

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P,V,T S,D	Elliot Y. Garcia	8360 W. Flagler St., #205B	Miami, FL 33144

REINSTATEMENT

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**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** X

Elliot Y. Garcia

(305) 480-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**