PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR -4 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

DOCUMENT # P99000039748

1. Corporation Name

NORTHSTAR FINANCIAL ADVISORS, INC.

2. Principal Office Address	**3.** Mailing Office Address
8080 West Flagler St.	8080 West Flagler St.
Suite, Apt. #, etc.: Suite 1-A	Suite, Apt. #, etc.: Suite 1-A
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33144 Country: USA	Zip: 33144 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/03/1999

5. FEI Number: 65-0916434 ☐ 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: Elliot Y. Garcia

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****908.75 ****908.75

Street Address (P.O. Box Number is Not Acceptable): 4582 S.W. 127 Ct.

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33175

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 _____ Date 2/27/2002
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P/D	ELLIOT YORDAN GARCIA	4582 SW 127 Ct.	Miami, FL 33175
VP/S	ALBERTO BEGUIRISTAIN	10255 SW 96th Terr	MiaMI, FL 33176
T/D	ZORAIDA MAS VALDES	4582 SW 127 Ct.	Miami, FL 33175

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: _____ 2/27/2002 305 480 7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #