

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRET
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DIVISION OF CORPORATIONS

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DOCUMENT # P99000090765

1. Corporation Name

NORTHSTAR EQUITY PARTNERS, INC.

Principal Place of Business

Mailing Address

2670 CREEKVIEW CIRCLE
OVIEDO FL 327652670 CREEKVIEW CIRCLE
OVIEDO FL 32765

REINSTATEMENT

00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3603769

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/S	Raymond Oliver	2670 Creekview Circle	Oviedo, FL 32765
V/T	Brian Ross	1217 Deer Run Drive	Winter Springs, FL 32708

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KG&L SERVICES, INC.
390 N ORANGE AVE. SUITE 600
ORLANDO FL 32801

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/5/2001

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2001

AD

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : GRONEK & LATHAM, LLP
Account Number : I20000000025
Phone : (407) 481-5800
Fax Number : (407) 481-5801

CORPORATION REINSTATEMENT**NORTHSTAR EQUITY PARTNERS, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,058.75