


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 30 AM 11:51

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005344

1. Corporation Name
NOSTOS INC

400073875134
05/03/06--01005--019 **428.75

W06000011204

CR2E081 (12/05)

2. Principal Office Address 15015 SW 49 LANE Suite, Apt. #, etc. UNIT A City & State MIAMI FL Zip 33185 Country USA		3. Mailing Office Address 15015 SW 49 LANE Suite, Apt. #, etc. UNIT A City & State MIAMI FL Zip 33185 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida **10/17/1996**

5. FEI Number **650705524** 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 **GEORGE KAFKOULIS**

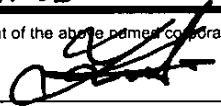
Street Address (P.O. Box Number is Not Acceptable) **15015 SW 49 LANE**

Suite, Apt. #, Etc. **UNIT A**

City **MIAMI** State **FL** Zip Code **33185**

REINSTATEMENT 03/06

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.

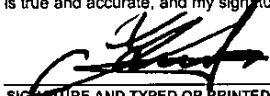
Signature of Registered Agent  Date **3/22/06**

REGISTERED AGENT MUST SIGN

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	GEORGE KAFKOULIS	15015 SW 49 LANE #A	MIAMI FL 33185
VPD	VASSILIOS MAVRIDIS	239 SW 29 RD	MIAMI FL 33129
D	DEMOSTHENES KOTIS	860 SW 22 RD	MIAMI FL 33129
D	DEMETRIOS BARDOUTSOS	14816 SW 72 TERR	MIAMI FL 33193

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 contained in Chapter 119, 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:  Date **3/23/06** Daytime Phone # **786 2102964**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR