

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 JUN -8 PM 1:41

DOCUMENT # F99000002646

1. Corporation Name

Nostalgia In Gold Inc.

2. Principal Office Address

1430 S.W. 87<sup>th</sup> Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

1430 S.W. 87<sup>th</sup> Terrace

Suite, Apt. #, etc.

City & State

Pembroke Pines, Fl.

Zip

33025

Country

U.S.A

City & State

Pembroke Pines, Fl.

Zip

33025

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

NA

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

VANDELIN MCGOWAN-ARSCOTT

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

1430 S.W. 87<sup>th</sup> Terrace

Suite, Apt. #, Etc.

Pembroke Pines

City

State

FL

Zip Code

33025

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

[Signature]

Date 5/31/07

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
<u>PRESIDENT</u>	<u>VANDELIN MCGOWAN-ARSCOTT</u>	<u>1430 S.W. 87<sup>th</sup> Terrace Pembroke Pines, Fl.</u>	<u>Pembroke Pines, Fl. 33025</u>
<u>V.P.</u>	<u>Robert Arscott</u>	<u>1430 S.W. 87<sup>th</sup> Terrace Pembroke Pines, Fl. 33025</u>	<u>Pembroke Pines, Fl. 33025</u>
<u>SECRETARY</u>	<u>Sonja Murphy</u>	<u>17 Ridgeway Dr.</u>	<u>Kingston 19 Jamaica</u>
<u>DIRECTOR</u>	<u>Keith St.G. Brown</u>	<u>12 Oldgate</u>	<u>Kingston, F.I. Jamaica</u>
<u>DIRECTOR</u>	<u>Jody Black</u>	<u>1430 S.W. 87<sup>th</sup> Terrace Pembroke Pines, Fl. 33025</u>	<u>Pembroke Pines, Fl. 33025</u>
<u>DIRECTOR</u>	<u>Michelle Brown</u>	<u>12 Oldgate</u>	<u>Kingston 19, Jamaica</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

95A 432-5869

Daytime Phone #

CR2E081 (9/00)