

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 4:07

192

DOCUMENT # P00000113292

1. Corporation Name

NDSTALGIA STREET.COM Incorporated

2. Principal Office Address

2150 WAREHOCK HILLS WAY

Suite, Apt. #, etc.

3. Mailing Office Address

1440 CORAL RIDGE DR.

Suite, Apt. #, etc.

#173

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

Zip

33071

Country

USA

Zip

33071

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-13-01

5. FEI Number

65-1077124

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

JOSEPH COHN

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

5008 NW 97th. DR.

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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

REGISTERED AGENT MUST SIGN

Date 10/24/01

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
PRES.	JOSEPH COHN	5008 NW 97th. DR.	CORAL SPRINGS, FL. 33076
			SP

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:

JOSEPH COHN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/01

Date

(954) 341-7471

Daytime Phone #

CR2E001 (9/00)

282
OCT 25 2001

1 October 18, 2001

Department of State
Division of Corporations P.O. Box 6327
Tallahassee, FL 32314

**RE: CORPORATION REINSTATEMENT FOR NOSTALGIASTREET.COM
INCORPORATED- DOCUMENT # P00000113292**

To Whom It May Concern:

It has just come to my attention that the above cited corporation was dissolved. I never received any notice of any action I was required to take or any fees I was supposed to submit to maintain the active status of the corporation. After speaking to a representative of your office yesterday, she told me to write a letter explaining the circumstances and send it, along with a check for \$150.00 in order to take care of this matter.

Enclosed you will find the check for 150.00. If you have any questions regarding this matter please do not hesitate to contact me.

Sincerely,



Joseph Cohn,
President, NostalgiaStreet.com Incorporated