

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000013613

1. Corporation Name

NATIONAL RARE COINS, INC.

2. Principal Office Address

4000 Hollywood Blvd.

Suite, Apt. #, etc.

Suite 155-5

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/02

5. FEI Number

04-3639971

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-09

MARTIN BOOKSTON 7. Name and Address of Current Registered Agent

Name

MARTIN BOOKSTON

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

4000 HOLLYWOOD BLVD.

Suite, Apt. #, Etc.

Ste. 155-5

City

HOLLYWOOD

State

FL

Zip Code

33021

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 3/1/04

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
Dir/ Pres.	<u>MARTIN BOOKSTON JR.</u>	<u>8310 PASADENA BLVD.</u>	<u>Pembroke Pines, FL 33024</u>
Dir.	<u>Debbie Hackel</u>	<u>53 LONG RIDGE ROAD</u>	<u>MONTVALE, NJ 07645</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

3/1/04

Date

954-963-0101

Daytime Phone #

CR2E081 (01/04)