


2008 FOR PROFIT CORPORATION REINSTATEMENT


DOCUMENT # F0000006878 1. Entity Name TRANS AMERICAN AIRLINES, S.A.	
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FILED
08 OCT 14 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8725 N.W. 18 TERRACE SUITE 402 MIAMI, FL 33172 US	Mailing Address 8725 N.W. 18 TERRACE SUITE 402 MIAMI, FL 33172 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



04292008 REIN-P CR2E098 (1/07)

4. FEI Number 65-1058186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, WILLIAM 777 BRICKELL AVE SUITE 1114 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATTI, DANIEL	NAME	RATTI, DANIEL
STREET ADDRESS	AVE. COMANDANTE ESPINAR, 331 MIRAFLORES	STREET ADDRESS	AVE. JOSE PARDO 831 PISO 4
CITY-ST-ZIP	LIMA, PERU.	CITY-ST-ZIP	MIRAFLORES, LIMA 018, PERU
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRRADAS PLATAS, JULIO	NAME	FERRRADAS PLATAS, JULIO
STREET ADDRESS	AVE. COMANDANTE ESPINAR, 331 MIRAFLORES	STREET ADDRESS	AVE. JOSE PARDO 831 PISO 4
CITY-ST-ZIP	LIMA, PERU.	CITY-ST-ZIP	MIRAFLORES, LIMA 018, PERU
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ-MESSEGUER, LUIZ	NAME	ORTIZ-MESSEGUER, LUIS
STREET ADDRESS	AVE. COMANDANTE ESPINAR, 331 MIRAFLORES	STREET ADDRESS	AVE. JOSE PARDO 831 PISO 4
CITY-ST-ZIP	LIMA, PERU.	CITY-ST-ZIP	MIRAFLORES, LIMA 018, PERU
TITLE	S <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLAYA, MAURICIO	NAME	OLAYA, MAURICIO
STREET ADDRESS	AVE COMANDANTE ESPINAR 331 MIRAFLORES	STREET ADDRESS	AVE. JOSE PARDO 831 PISO 4
CITY-ST-ZIP	LIMA,PERU.	CITY-ST-ZIP	MIRAFLORES, LIMA 018, PERU
TITLE	VS <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALOMO, JOAQUIN	NAME	PALOMO, JOAQUIN
STREET ADDRESS	EDIFICIO CARIBE 2 PISO	STREET ADDRESS	EDIFICIO TACA, BLVD. SUR SANTA ELENA
CITY-ST-ZIP	SAN SALVADOR, EL SALVADOR.	CITY-ST-ZIP	ANTIGUO CUSCATLAN, LA LIBERTAD, EL SALVADOR
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **JOAQUIN PALOMO** _____ **06/06/08** _____ **(503) 2267-8030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #