
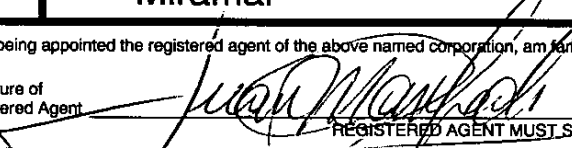
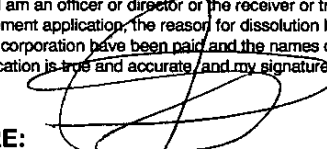


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 SEP 12 PM 2:35 TALLAHASSEE, FLORIDA																													
DOCUMENT # J 31604																																	
1. Corporation Name TRADECOM AMERICAN CORPORATION																																	
2. Principal Office Address 3600 Mystic Point Dr. Suite, Apt. #, etc. Tower 300 Point AP. 212 City & State Miami Florida 33180 Zip 33180		3. Mailing Office Address 4005 sw 151st Terrace Suite, Apt. #, etc. City & State Miramar Florida Zip 33027		4. Date Incorporated or Qualified To Do Business in Florida 08/29/1986 5. FEI Number 650151014 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
Country U.S.A.		Country U.S.A.																															
7. Name and Address of Current Registered Agent																																	
Name Juan A. Manfredi																																	
Street Address (P.O. Box Number is Not Acceptable) 4005 S.W. 151st Terrace																																	
Suite, Apt. #, Etc.																																	
City Miramar																																	
State FL																																	
Zip Code 33027																																	
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 September 9, 2005																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>P/T</td><td>Hector Gerardo Rossi</td><td>3600 Mystic Dr. Tower 300 AP. 212</td><td>Miami Florida 33180</td></tr><tr><td>S/V</td><td>Juan Jose Morelli</td><td>3600 Mystic Dr. Tower 300 AP. 212</td><td>Miami Florida 33180</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P/T	Hector Gerardo Rossi	3600 Mystic Dr. Tower 300 AP. 212	Miami Florida 33180	S/V	Juan Jose Morelli	3600 Mystic Dr. Tower 300 AP. 212	Miami Florida 33180																
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Hector Gerardo Rossi September 9, 2005 Date 954-885-5262 Daytime Phone #																													