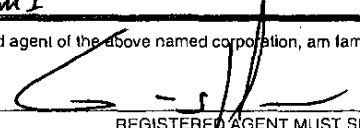
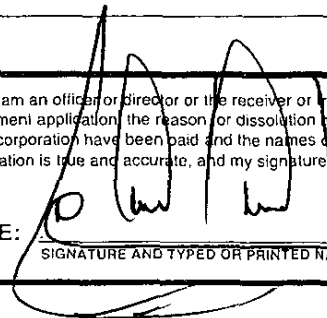


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION<br>REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| DOCUMENT # <b>F02000003716</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                 |                             |
| 1. Corporation Name <b>GUARDIAN GLOBAL TRADE, SA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                 |                             |
| 2. Principal Office Address<br><b>CALLE 128B #59-16</b><br>Suite, Apt. #, etc. <b>CASA 4</b><br>City & State <b>BOGOTA, CONDOWAMARCA</b><br>Zip Country <b>COLOMBIA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | 3. Mailing Office Address<br><b>SAME</b><br>Suite, Apt. #, etc. <b>SAME</b><br>City & State <b>SAME</b><br>Zip Country                                          |                             |
| 4. Date Incorporated or Qualified To Do Business in Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | 5. FEI Number <b>98-0435418</b><br>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>                                                 |                             |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | 50.75 Additional Fee required for a Certificate of Status                                                                                                       |                             |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                 |                             |
| Name <b><del>RICHARD ABUZZE</del> GERMAN A. SALAZAR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                 |                             |
| Street Address (P.O. Box Number is Not Acceptable) <b><del>10750 NW 66th STREET</del> 7700 N. Kendall Dr</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                 |                             |
| Suite, Apt. #, Etc. <b><del>APARTMENT 49</del> Suite 809</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                 |                             |
| City <b>MIAMI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | State <b>FL</b>                                                                                                                                                 | Zip Code <b>33156</b>       |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | 500041609955<br>10/05/04 Date 01075--003 **900.00                                                                                                               |                             |
| 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          |
| AC Pres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>ALBERTO CARDENAS</b>             | <b>CALLE 128B #59-16, CASA 4</b>                                                                                                                                | <b>BOGOTA, COLOMBIA</b>     |
| AC VP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>ALBERTINA ROMERO DE CARDENAS</b> | <b>SAME</b>                                                                                                                                                     | <b>SAME</b>                 |
| AC Sec/ CFO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>RICHARD ABUZZE</b>               | <b>10750 NW 66th STREET</b>                                                                                                                                     | <b>MIAMI, FLORIDA 33178</b> |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | ALBERTO CARDENAS                                                                                                                                                |                             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Date                                                                                                                                                            | Daytime Phone #             |

FILED

04 OCT -5 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-54

CR20081 (01/04)