PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		Secretary	TMENT OF State ORPORATION			JLON	FILED P 22 PM 2 HARY OF ST	TATE		
DOCUMENT # F9400003587 (2) 1. Corporation Name								TALLA	MASSEE, FL	CRIDA		
TCS America, Inc.								esperatus de	i⇔sin mesti fikt	" S		
2. Principal Office Address 6171 McLeod Drive 3. Mailing Office Address					McLeod Drive			CR2E081 (12/05)				
Suite, Apt. #,etc. Suite H-M Suite H-M Suite H							4. Date Incorporated or Qualified To Do Business in Florida 07/08/94					
City & State Las Vegas, NV City & State Las Ve				egas, NV			5. 58-0109342			Appl	ied For Applicable	
² 89120	20 ÜSA		89120		ŰSÃ		6. CERTIFICATE OF STATIS DESIDED S				ee requirec	
7. Name and Address of Current Registered Agent												
	Corporation Service Company Street Address (F.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Tallahasse State FL 32314											
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 Jantice J., Murphy REGISTERED AGENT MUST SIGN Asst. VP												
9. Names	and Street Ad	ddresses of Each Officer and	or Director (Flo	orlda nonpro				T				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip				
С	Bertil Knutsson			6171 McLeod Drive, Su			Suite H-M	Las V	egas, NV	891	20	
D/P	David Heap			6171	McLeod	Drive,	Suite H-M	Las V	egas, NV	891	20	
D/S/T	Ruth A. Andrews			6171	McLeod	Drive,	Suite H-M	Las V	egas, NV	891	20	
٧	Raul Bouchot			6171	McLeod	Drive,	Suite H-M	Las V	egas, NV	891	20	
			19/25						0221 1 048005	95 **1358	7.75	
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 filling 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 contained in Chapter 119, 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: Raul Bouchot 9/11/06 702-798-0500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #												



TCSJOHNHUXLEY.COM

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(t) +1 702 798 0500
(f) +1 702 798 0545
(e) info@tcsjohnhuxley.com

September 19, 2006

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

Re: Corporate Reinstatement

Dear Division of Corporations:

Enclosed is the Corporate Reinstatement form for TCS America, Inc. together with a check for \$1,358.75 representing year fees due for prior years and a Certificate of Status.

Please waive the reinstatement fee as TCS America did not receive the annual report notices in the year of dissolution/revocation due to a change in address. I have been with TCS in my current position since December 2000 and have not received a notice to file and annual report.

Thank you for your consideration and attention to this matter.

Sincerely,

William H. Ash, CPA

Vice President, Finance/Controller

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Enclosures