AUG-08-2000 11:33 CT BOSTON

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 AUG 11 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J98911

1. Corporation Name

Trace America, Inc.

2. Principal Office Address	3. Mailing Office Address
845 Avenue G, East	Same
Suite Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arlington, Texas	City & State
Zip: 76011 / Country: USA	Zip / Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida: 10/22/87 SP

5. FEI Number: 65-0006060 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED X — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

100003362041--9
-08/18/00--01048--001
****900.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

100003362041--9
-08/18/00--01048--002
*****17.50 *****17.50

City: Plantation — State: FL — Zip Code: 33324

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: Salvina Amenta-Gray SALVINA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY — Date: 8-10-00

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
P D	Bret Hendzel	845 Avenue G, East	Arlington, TX 76011
D	Tony Bigum	189-199 Brown Road	Noble Park, Victoria 3174 Australia
D	Mark Zinsky	171 Industry Drive	Pittsburgh, PA 15275
T	Kenneth Apicerno	81 Wyman Street	Waltham, MA 02454
S	Sandra L. Lambert	81 Wyman Street	Waltham, MA 02454

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: Sandra L. Lambert, Secretary 8/8/00 781-622-1000

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