

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 MAR 20 AM 10:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *1110082*

1. Corporation Name

TRADE AIR INC.

Unit 107 - 10441

Principal Place of Business

Mailing Address

10441 N.W. 28 STREET
 UNIT 107

MIAMI FL. 33172

REINSTATEMENT 94-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <i>N/A</i>		3. New Mailing Office Address, If Applicable <i>N/A</i>		4. Date Incorporated or Qualified To Do Business in Florida MARCH 1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2809364	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D/P	WEBB, NIGEL	10441 N.W. 28 STR. #107	MIAMI FL. 33172
S	LANG, CAROLA R.	10441 N.W. 28 STR. #107	MIAMI FL. 33172
			4000002120944--B 03/21/97-01113-001 ***1253.75 ***1253.75
			<i>3/20/97</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BURNS, RICHARD 1500 N.W. 107TH AVENUE SUITE #200 MIAMI FL. 33172		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, Etc. City State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: FEB. 25, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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]* GAROLA R. LANG. FEB. 25, 1997 (305) 592-3977
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (12/96)