


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000009660		
1. Entity Name TRADE ADVANTAGE, CORP.		

Principal Place of Business 860 CYPRESS PARK WAY 860 - 1 POMPAÑO BEACH, FL 33064 US	Mailing Address 860 CYPRESS PARK WAY 860 - 1 POMPAÑO BEACH, FL 33064 US
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2. Principal Place of Business - No P.O. Box # 4605 FOWLER ST.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT MYERS, FL	City & State
Zip 33907	Country U.S.A.

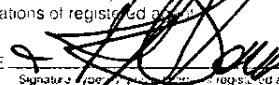
FILED  
08 OCT 20 AM 10:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



4. FEI Number 20-4163968 NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DE SOUZA, FERNANDO F 860 CYPRESS PARK WAY 860 - 1 POMPAÑO BEACH, FL 33064	7. Name and Address of New Registered Agent Name FERNANDO F. DESOUSA Street Address (P.O. Box Number is Not Acceptable) 4605 FOWLER ST. City FORT MYERS FL Zip Code 33907
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

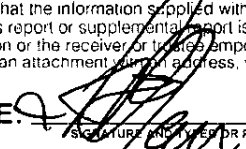
SIGNATURE  DATE 10-16-08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D DE SOUZA, FERNANDO F 860 CYPRESS PARK WAY # 860 - 1 POMPAÑO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5001370809015 <input type="checkbox"/> Addition 10/20/08-01048-017 **715.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. YRIGILIO BORGES 4605 FOWLER ST. FORT MYERS, FL 3307 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	09/29/08 01014 001 \$35.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with all other like empowered.

SIGNATURE  DATE 10-16-08 239 587-2778

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR