

APR-15-1997 16:40

TRADE EXCHANGE OF AMERICA
FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED P. 83

APPLICATION FOR REINSTATEMENT



1997 APR 28 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32623

1 Corporation Name

THE TRADE EXCHANGE OF AMERICA, INC.

Principal Place of Business

Mailing Address

1480 S.W. 3RD STREET, SUITE #7
POMPANO BEACH, FLORIDA 33069

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1/24/91	
City & State		City & State		5. FEI Number	
Zip		Country		38-2697640	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				3875 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
P, S	FREDERIC B. DETWILER	1480 SW 3RD STREET, #7	POMPANO BEACH 33069
			000002162550--4
			-05/01/97--01114--001
			***1575.00 ***1575.00
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHARD LINZELL 1703 NORTH ANDREWS FT. LAUDERDALE, FL 33311		Name FREDERIC B. DETWILER	
		Street Address (P.O. Box Number is Not Acceptable) 2739 NE 10TH STREET	
		Suite, Apt. #, Etc.	
		City POMPANO	State FL
		Zip Code 33062	

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: Sedene B. Detwiler Date: 4-24-97
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Sedene B. Detwiler President Date: 4-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2000 (1-95)