

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 26 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

32623

1. Corporation Name

The Trade Exchange of America, Inc.

2. Principal Office Address

1480 S.W. 3RD STREET

Suite, Apt. #, etc.

City & State

Pompano Beach, FL.

Zip

33069

Country

USA

3. Mailing Office Address

1480 S.W. 3RD STREET

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/24/91

5. FEI Number

38-2697640

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-02

7. Name and Address of Current Registered Agent

Name

FREDERIC B. DETWILER

Street Address (P.O. Box Number is Not Acceptable)

2790 NE 23rd Place

Suite, Apt. #, Etc.

City

Pompano Beach FL 33062

State

FL

Zip Code

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

FBD

REGISTERED AGENT MUST SIGN

Date

11-14-02

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
PRES.	FREDERIC B. DETWILER	2790 NE 23rd	Pompano Beach FL 33062

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:

FBD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERIC B. DETWILER

Date

11/14/02

Daytime Phone #

954 781 5000

CR2E081 (9/01)