

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 DEC 10 PM 3:19

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32623

1. Corporation Name

TRADE EXCHANGE OF AMERICA, INC.

2. Principal Office Address - No P.O. Box #
1480 SW 3RD STREET

3. Mailing Office Address
23200 COLLIDGE HWY

Suite, Apt. #, etc.
SUITE 7

Suite, Apt. #, etc.

City & State
POMPANO BEACH, FLORIDA

City & State
OAK PARK, MICHIGAN

Zip Country
33062 USA

Zip Country
48237 USA

CR2E081 (1/07)
4. Date Incorporated or Qualified
To Do Business in Florida 04/09/2003

5. FEI Number 020690353 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name
FRED B. DETWILER

Street Address (P.O. Box Number is Not Acceptable)
2790 NE 23RD PLACE

Suite, Apt. #, Etc.

City State Zip Code
POMPANO BEACH FL 33062

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

F B Detwiler

Date

11-6-07

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
D,P	FRED B. DETWILER	2790 NE 23RD PLACE	POMPANO BEACH, FLORIDA 33062

REINSTATEMENT 03-07
B 12/18/07
2001 12389852
12/18/07--01024--020 **450.00
2001 12389852
12/18/07--01024--020 **450.00

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 contained in Chapter 119, 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:

F B Detwiler

FRED B. DETWILER

Date

11-6-07

954-781-5000

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR