PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

00 NOV 21 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075290

1. Corporation Name
TRADE ASSOCIATES OF AMERICA, INC.
1717 NORTH BAYSHORE DRIVE # 2151
MIAMI, FLORIDA 33132

2. Principal Office Address	3. Mailing Office Address
1717 NORTH BAYSHORE DR	
Suite, Apt. #, etc. 2151	Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State
Zip 33132 Country U.S	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 11-01-1993

5. FEI Number 54-2012291 Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name ROBERT L. DOUYON

Street Address (P.O. Box Number is Not Acceptable) 1717 NORTH BAYSHORE DRIVE

Suite, Apt. #, Etc. 2151

City MIAMI State FL Zip Code 33132

200003480042 -3
-11/29/00--01067-009
***1658.75 ***1658.75

REINSTATEMENT

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 Robert L Douyon Date 11/20/00
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
PRS	FRANTZ BRUNO	1717 NORTH BAYSHORE DR #2151	MIAMI, FL 33132
VP	ROBERT L. DOUYON	"	"
SEC	ERNST SANTELLI	"	"
TREA	ALIN L. HALL	"	"
DM	REGINALD LEGROS	"	"

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: Robert L Douyon 11/20/00 305-525-6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #