
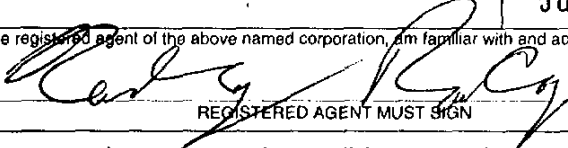
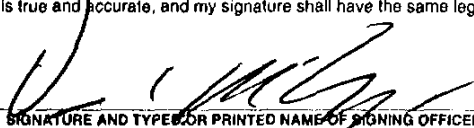


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>PA5000082546</u>			
1. Corporation Name <b>Computrade International, Inc. 270 Communication Way Suite 2E Hyannis, MA 02601</b>			
Principal Place of Business		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>11670 U.S. Highway I</b>		3. New Mailing Office Address, If Applicable <b>270 Communication Way</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 2E</b>	
City & State <b>No. Palm Beach, FL</b>		City & State <b>Hyannis, MA 02601</b>	
Zip <b>33408</b>		Country <b>Palm Beach</b>	
		Country <b>Barnstable</b>	
5. FEI Number <b>65-0615181</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>10/27/95</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
		\$8.75 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
Pres.	Vernon L. McCoy, Jr.	33 Stetson Street	Hyannis, MA 02601
Treas.	Vernon L. McCoy, Jr.	33 Stetson Street	Hyannis, MA 02601
Secre.	Deborah A. St. Lawrence	69 Cambridge Street	Mashpee, MA 02649
<b>300002110853--2 -03/12/97--01027--013 ****915.00 ****915.00</b>			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>Rodney McCoy</b>	
		Street Address (P.O. Box Number Is Not Acceptable) <b>10 Uno Lago Drive</b>	
		Suite, Apt. #, Etc.	
		City <b>Juno Beach,</b>	
		State <b>FL</b>	Zip Code <b>33408</b>
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 		Date <b>3/7/97</b>	
REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: 		Date <b>3/7/97</b>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 910-97

CR2E040 (12/96)