
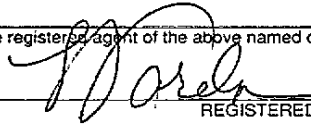
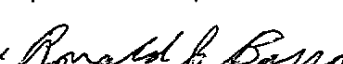


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p>		 <p><b>FLORIDA DEPARTMENT OF STATE</b> DIVISION OF CORPORATIONS</p>		<p style="text-align: right;">APPROVED AND FILED</p> <p style="text-align: right;">98 NOV 19 AM 10:38</p> <p style="text-align: right;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																																	
<p><b>DOCUMENT #</b> P9600020608</p>																																					
<p>1. Corporation Name <b>N.V. TRANS AMERICA TRADING, INC</b></p>																																					
<p>Mailing Address <b>350 LINCOLN ROAD # 402 MIAMI BEACH, FL 33139</b></p>		<p>Principal Place of Business <b>350 LINCOLN RD # 402 MIAMI BEACH FL 33139</b></p>		<p><b>REINSTATEMENT</b> M-9B</p>																																	
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																					
<p>2. New Mailing Address, If Applicable <b>350 LINCOLN ROAD Suite, Apt. #, etc. 402 MIAMI BEACH, FL 33139 USA</b></p>		<p>3. New Principal Office Address, If Applicable <b>350 LINCOLN ROAD Suite, Apt. #, etc. 402 MIAMI BEACH, FL 33139 USA</b></p>		<p>4. Date Incorporated or Qualified To Do Business in Florida <b>MARCH 29, 1996</b></p>																																	
				<p>5. FEI Number <b>65-0653464</b></p>																																	
				<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b></p>																																	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:30%;">3</th> <th style="width:30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th></th> </tr> </thead> <tbody> <tr> <td>SEC</td> <td>RONALD C BASSOO</td> <td>725 4TH AVE GGS</td> <td>BROOKLYN, N.Y 11232</td> </tr> <tr> <td>P/T/D</td> <td>ANAND K BASSOO</td> <td>TRUST &amp; VREDE STRAAT 20</td> <td>PARAMARIBO, SURINAME SA</td> </tr> <tr> <td>P/D</td> <td>JAMES S HARKISOEN</td> <td>TRUST &amp; VREDE STRAAT 20</td> <td>PARAMARIBO, SURINAME SA</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		SEC	RONALD C BASSOO	725 4TH AVE GGS	BROOKLYN, N.Y 11232	P/T/D	ANAND K BASSOO	TRUST & VREDE STRAAT 20	PARAMARIBO, SURINAME SA	P/D	JAMES S HARKISOEN	TRUST & VREDE STRAAT 20	PARAMARIBO, SURINAME SA												
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<p>8. Name and Address of Current Registered Agent <b>LILLIAN OAREIA 350 LINCOLN ROAD # 402 MIAMI BEACH, FL 33139</b></p>		<p>9. Name and Address of New Registered Agent</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name <b>LILLIAN OAREIA</b></td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable) <b>350 LINCOLN ROAD</b></td> </tr> <tr> <td colspan="2">Suite, Apt. #, Etc. <b>402</b></td> </tr> <tr> <td>City <b>MIAMI BEACH</b></td> <td>State Zip Code <b>FL 33139</b></td> </tr> </table>				Name <b>LILLIAN OAREIA</b>		Street Address (P.O. Box Number is Not Acceptable) <b>350 LINCOLN ROAD</b>		Suite, Apt. #, Etc. <b>402</b>		City <b>MIAMI BEACH</b>	State Zip Code <b>FL 33139</b>																								
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<p>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.</p> <p>Signature of Registered Agent:  Date: <b>11/14/98</b></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																					
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																					
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																					
<p>13. 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.</p>																																					
<p>SIGNATURE:  <b>RONALD C BASSOO</b> 11/13/98 (718) 369-0465</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																																					

CR2E040 (6/94)