


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000092461</b> 1. Entity Name <b>TOTALCOM AMERICA CORPORATION</b>	
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SEC. DIVISION  
06 OCT 10 PM 2:39

REINSTATEMENT 06

Principal Place of Business <b>100 N. BISCAYNE BLVD - SUITE 812 MIAMI, FL 33132</b>	Mailing Address <b>100 N. BISCAYNE BLVD - SUITE 812 MIAMI, FL 33132</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



<b>6. Name and Address of Current Registered Agent</b>	
<b>ALMENARA, ANTONIO B 100 N. BISCAYNE BLVD - SUITE 812 MIAMI, FL 33132</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State: <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	DPS <span style="float: right;"><input type="checkbox"/> Delete</span>
NAME	ALMENARA, ANTONIO BRITO
STREET ADDRESS	100 N. BISCAYNE BLVD - SUITE 812
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	DV <span style="float: right;"><input type="checkbox"/> Delete</span>
NAME	DARRA, CARMEN
STREET ADDRESS	100 N. BISCAYNE BLVD - SUITE 812
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<span style="float: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</span>
NAME	
STREET ADDRESS	000020623300 10/10/06--01053--003    **150.00
CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</span>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</span>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</span>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

**SIGNATURE:** Antonio Brito      Date: 10/09/06      Daytime Phone #: 305 372-3400