



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000092461 1. Entity Name TOTALCOM AMERICA CORPORATION						SEC DIVISION 06 OCT 10 PM 2:39																											
Principal Place of Business 100 N. BISCAYNE BLVD - SUITE 812 MIAMI, FL 33132				Mailing Address 100 N. BISCAYNE BLVD - SUITE 812 MIAMI, FL 33132				REINSTATEMENT 06																									
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																													
City & State				City & State																													
Zip		Country		Zip		Country																											
4. FEI Number 65-0794532				Applied For <input type="checkbox"/> Not Applicable				10092006 REIN-P CR2E098 (11/05)																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent ALMENARA, ANTONIO B 100 N. BISCAYNE BLVD - SUITE 812 MIAMI, FL 33132						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00						In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																											
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
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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 an address, with all other like empowered.

SIGNATURE: Antonio Brito 10/09/06 305 372-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #