

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 10 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749834

1. Corporation Name

Tringa Recovery Assn of America, Inc.

2. Principal Office Address

2121 Eisenhower Ave

Suite, Apt. #, etc.

Suite 200

City & State

Alexandria, Va

Zip

22314

Country

USA

3. Mailing Office Address

2121 Eisenhower Ave

Suite, Apt. #, etc.

Suite 200

City & State

Alexandria, Va

Zip

22314

Country

USA

REINSTATEMENT 2005

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/19/1979

5. FEI Number

59-1942901

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 So Pine Island Rd

Suite, Apt. #, Etc.

800062206878

12/15/05--01058--003 **\$1.25

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 11/10/05

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
P	Sam Brewer	1030 W Tupper St	Brooksville, FL 32705
D	Harriet Cooley	2121 Eisenhower Ave #200	Alexandria, Va 22314
V	Dewey Lorington	1001 SW 3rd	Oklahoma City, OK 73109
T	Chuck Schmidt	1001 Nathan Blvd	Roslyn, NY 11576
D	Joe Rediso	2233 Springfield Rd	Bloomington, IL 61701

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:

Harriet Cooley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.14.05

Date

703-681-7718

Daytime Phone #

CR2E081 (10/02)

2052

October 14, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Corporation of Reinstatement

Dear Sirs:

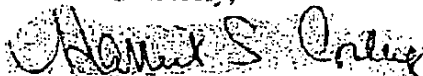
Last week I received postcard notification for Corporation Reinstatement but had no notice of annual reports for either entity. Our agent is CT Corporation and when I called their office to inquire as to how this could be, their phone number was disconnected.

I am the Executive Director of the Towing and Recovery Association of America (TRAA) and President of the TRAA Education Foundation. We have released our Comptroller, Lyn Jackman, and the records are incoherent at best. I do note that we went through this process last year and I am embarrassed to have to address it again.

I am writing to ask that you waive the late fees for this year. The Foundation Document # is N19648 and the Association Document # is 749834. I am enclosing the forms and a payment to \$61.25 each for nonprofit organizations as I was advised to do by one of your phone representatives.

I do hope this will address the delinquency, and, again, I apologize for any inconvenience.

Sincerely,



Harriet S. Cooley
TRAA Executive Director