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PLEASE READ ALL INSTRUCTIONS BEFORE C

APPROVED
AND
FILED

05 APR 27 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L47620</u>			
1. Corporation Name <u>TRINAB-FLORIDA INC</u> <u>20601 MARLIN RD</u> <u>MIAMI FLORIDA 33189</u>			
2. Principal Office Address <u>20601 MARLIN RD</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>20601 MARLIN RD</u> Suite, Apt. #, etc.	
City & State <u>MIAMI</u>		City & State <u>MIAMI FLORIDA</u>	
Zip <u>33189</u>	Country <u>U.S.A.</u>	Zip <u>33189</u>	Country <u>USA</u>

REINSTATEMENT 03-05

5/5/03 90240 009 *150.00
4/22/04 90286 001 *300.00

4. Date Incorporated or Qualified To Do Business in Florida <u>03</u> / <u>01</u> / <u>90</u>	
5. FEI Number <u>650174448</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>Khan, Meera</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>9910 Dominican Drive</u>		
Suite, Apt. #, Etc.		
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33189</u>

MRD

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

Date

REGISTERED AGENT MUST SIGN

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
President	Meera KHAN	9910 DOMINICAN DR.	MIAMI FL 33189

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:

Meera KHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/05 305 3780824
Date Daytime Phone #

per Meera Khan
4/27/05
MPD

CR2001 (01/05)

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04/01/2005

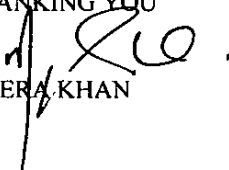
FLORIDA DEPARTMENT OF COOPERATIONS
P.O. Box 6327
TALLAHASSEE , FLORIDA 32314

ATTN: RUBY DUNLAP

WITH REFERENCE TO OUR CONVERSATION, ON MARCH 28TH 2005, THIS IS TO ADVISE THAT ON TRINCAB FL INC. THE DIVISION WAS SENDING THE CORRESPONDENCE TO THE WRONG ADDRESS. I WILL LIKE TO HAVE MY COMPAY REINSTATED AS IT WAS NO FAULT OF MINE,

YOUR KIND CO-OPERATION IS REQUIRED IN THIS MATTER, PLEASE ALSO FIND ENCLOSED A CHECK IN THE AMT OF \$150.00 , THIS THE COPERATION PAYMENT FOR 2005, PLEASE ACKNOWLEDGE RECEIPT OF PAYMENT AND REINSTATE COMPANY. I ALSO NEED CONFIRMATION THAT MY COMPANY HAS BEEN REINSTATED .

THANKING YOU


MEERA KHAN