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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019889

1. Corporation Name

COMINSKY ENTERPRISES, INC.

2. Principal Office Address

14794 S.W. 132nd Avenue

3. Mailing Office Address

14794 S.W. 132nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33186-7678

Country

USA

Zip

33186-7678

Country

USA

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

02/23/2001

5. FEI Number

65-1089109

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

Jeffrey B. Cominsky

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

14794 S.W. 132nd Avenue

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33186-7678

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date *4/6/04*

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/D	Jeffrey B. Cominsky	14794 S.W. 132nd Avenue	Miami, FL 33186-7678

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:

[Signature] J. COMINSKY *[Signature]* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/04 (305) 969-7171

Daytime Phone #

CR2E081 (01/04)

TR

B 272

COMINSKY ENTERPRISES, INC.
c/o JEFFREY B. COMINSKY
14794 S.W. 132nd AVENUE
MIAMI, FL 33186-7678

April 6, 2004

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Document No. P01000019889

Gentlemen:

Please be advised that I did not receive the annual report filing notices for the corporation and the 2002 and 2003 reports were not filed. Please be further advised that I have moved twice since the filing of said corporation and was not aware of the annual filing requirement.


✓ Accordingly, I have herein enclosed a completed Corporation Reinstatement form with a check in the sum of \$450.00, which represents the 2002, 2003 and 2004 filing fees. Further, I hereby respectfully request that you would accept my apologies for my ignorance as to the annual filing requirement and that you would please waive the reinstatement fee assessed herein.

Once again, I respectfully request that you accept this filing since my business has been greatly affected by the economic downfall and the additional fees would further create a financial burden.

Thank you for your immediate attention and anticipated cooperation in this matter.

Sincerely,

COMINSKY ENTERPRISES, INC.

✓ 
Jeffrey B. Cominsky, President

Enclosures