


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/27

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

04 OCT 21 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
COMTRINE, INC.

5006 20th Avenue South
5006 20th Avenue South

PO2000085276

2. Principal Office Address
5006 20th Avenue South

3. Mailing Office Address
5006 20th Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33619

Country
USA

Zip
33619

Country
USA

REINSTATEMENT

0304

4. Date Incorporated or Qualified
To Do Business in Florida 8-5-02

5. FEI Number
82-0555962

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
Kimberly Trinca

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

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33606

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

Kimberly Trinca

REGISTERED AGENT MUST SIGN

Date 9/27/04

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
Pres	Kimberly Trinca	474 Lucerne Ave	Tampa, FL 33606

400042066094
10/21/04--01036--025 **\$300.00

[Signature] 10/25/04

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:

Kimberly Trinca Kimberly C. Trinca Pres. 9/27/04 813 248 3222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

See
attached
letter KT

CR2E081 (01/04)



2012

September 27, 2004

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

To Whom It May Concern:

It has been brought to my attention that ComTrine, Inc. has been dissolved. I called your office and was told to immediately forward a letter, the reinstatement form and a check for \$300.00. I never received any notices and would like to express my apologies and request that all late fees be waived. I have been informed of the dates to expect these notices in the future and will proactively call your office if they are not received in a timely manner.

Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in black ink that reads "Kimberly C. Trinca". The signature is fluid and cursive, with the last name "Trinca" being more prominent.

Kimberly C. Trinca
President
ComTrine, Inc.
813-248-3222
ktrinca@comtrine.com