

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6/24/99
APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JUN 11 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 612422

1. Corporation Name **TRIDENT TRADING OF FLORIDA, INC.**

Principal Place of Business Mailing Address
**175 FONTAINEBLEAU BLVD
STE 1-B
MIAMI, FL. 33172**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

3/7/79

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1918855

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VD	ARIA, JOAQUIN	109 WELLSRING DR	FORT MILL, SC 29715
PB	DOYLE, ALLAN	175 FONTAINEBLEAU BLVD 1-B	MIAMI, FL.33172

REINSTATEMENT

93-99

1/5

6-15-99

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***1650.00 ***1650.00

8. Name and Address of Current Registered Agent

**VICKI CATURLA
6301 BISCAYNE BLVD STE 202
MIAMI, FL. 33165**

9. Name and Address of New Registered Agent

Name
HANNIA M. IRIARTE
Street Address (P.O. Box Number is Not Acceptable)
9800 SW 28 ST.
Suite, Apt. #, Etc.
STE 1-B

City
MIAMI,

State Zip Code
FL 33165

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Hannia M. Iriarte

REGISTERED AGENT MUST SIGN

Date **4-27-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(b), 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 OF OFFICER OR DIRECTOR OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allan Doyle - P

4-27-99

Date

Daytime Phone #

CR2E081 (12-99)