

APPLICATION  
FOR  
REINSTATEMENT

1. DOCUMENT # L01000015428

Name and Mailing Address

0009079 01 FP 0.352 \*\*PRSRT HO 0 0615 32118-403022

0009079 01 PP 0.352 WPKSKT NS S 0075 02170 400022  
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TRIDENT COMMERCIAL REAL ESTATE MANAGEMENT, LLC  
222 OAKRIDGE BLVD.  
DAYTONA BEACH FL 32118-4030

700011881957  
02/05/03--01053--010 \*\*200.00



<b>2. New Mailing Address</b> PO Box 5263 City, State, Zip Manchester NH 03108		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 222 OAKRIDGE BLVD. DAYTONA BEACH FL 32118		<b>5. Date Organized or Qualified To Do Business in Florida</b> 09/10/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 06-1630383	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>10.</b> I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>[Signature]</u> Date <u>1/28/03</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MACLELLAN, JOHN S	P.O. BOX 5263	MANCHESTER NH 03108
MGRM	MACLELLAN, MONIQUE C	P.O. BOX 5263	MANCHESTER NH 03108
<b>REINSTATEMENT</b> <span style="float: right;">2002-2003</span>			
<b>12.</b> I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <u>[Signature]</u> Date <u>1/28/03</u> Daytime Phone # <u>603-487-3045</u>			