

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 10 PM 3:28

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000002693

1. Limited Liability Company's Name

Trident Manufacturing & Distribution, L.L.C.

2. Principal Office Address

7453 Brokerage Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32809

Country

USA

3. Mailing Office Address

P.O. Box 2282

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

USA

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

01/01/2002

6. FEI Number

33-1002204

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ ~~XXX~~

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Rene Murray

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

9101 Palm Tree Drive

Suite, Apt. #, Etc.

City

Windermere,

State
FL

Zip Code
34786

9. 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

Rene Murray

Date 27 FEB 2004

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Rene Murray	9101 Palm Tree Drive	Windermere, FL 34786

REINSTATEMENT

03-04
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11. 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

Rene Murray

Date 27 FEB 2004

Daytime Phone# 407-859-1801

Rene Murray

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)