

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000010505

Name and Mailing Address

0010637 01 AT 0.292 **AUTO T9 D 0615 34223-925350



TRIDENT DEVELOPMENT GROUP I, LLC
6150 MANASOTA KEY ROAD
ENGLEWOOD FL 34223-9253



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/01/2002	
Principal Place of Business 6150 MANASOTA KEY ROAD ENGLEWOOD FL 34223	3. New Principal Place of Business Address	6. FEI Number 82-0576320	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent HRON, OLYA I 6150 MANASOTA KEY ROAD ENGLEWOOD FL 34223		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
10. 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		Date	
<i>Olya Hron</i>		10/29/03	
REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	IHOR W. HRON	6150 MANASOTA KEY RD	ENGLEWOOD, FL 34223
12. 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		Date	
<i>Ihor W. Hron</i>		10/29/03	
Typed or printed name of signing Managing Member/Manager		Daytime Phone #	
I HOR W. HRON		941-270-2413	

REINSTATEMENT 03 CUS
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