

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

2003 NOV 12 PM 3:27

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000010506

Name and Mailing Address

0010635 01 AT 0.292 \*\*AUTO T9 0 0615 34223-925350

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



2. New Mailing Address

City, State, Zip

Principal Place of Business

6150 MANASOTA KEY ROAD  
ENGLEWOOD FL 34223

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

05/01/2002

6. FEI Number

82-0576325

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$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)

60025067686  
11/26/03--01024--004 \*\*155.00

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

*Olya I Hron*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date Nov 10, 2003

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 <del>MANASOTA Key R.</del>

**REINSTATEMENT** 2003

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

*Ihor W. Hron*

Date Nov 10, 2003

941-270-2413

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

I HOR W. HRON

CR2E034 (7/03)