

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2013 JAN 22 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000083367

1. Limited Liability Company's Name

TRIDENT INVESTMENTS, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

940 FIRST AVENUE WEST

Suite, Apt. #, etc.

3. Mailing Office Address

940 FIRST AVENUE WEST

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/02/2008

City & State

OWEN SOUND ON

City & State

OWEN SOUND ON

Zip

N4K4K-5

Country

CA

Zip

N4K4K-5

Country

CA

6. FEI Number

☒ 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

Name

JOSEPH E. SEAGLE PA

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

924 WEST COLONIAL DRIVE

Suite, Apt. #, Etc.

E-mail Address:

rosario1213@gmail.com

(To be used for future annual report notices)

City

ORLANDO

State

FL

Zip Code

32804

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

Date 01/21/2013

REGISTERED AGENT MUST SIGN Jessica Morales, Attorney in Fact

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	CHIARA COMPANY, LLC	940 FIRST AVENUE WEST	OWEN SOUND ON N4K4K-5 CA

REINSTATEMENT

10-12

600242905636
01/23/13--01001--025 **680.00

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 01/21/2013

Daytime Phone # 561-694-8107

Typed or printed name of signing Managing Member/Manager CHIARA COMPANY, LLC, MGRM by: Jessica Morales, Attorney in Fact

L080000083367

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)364-8000

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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WALK-IN

ENTITY NAME:

TRIDENT INVESTMENTS, LLC

CK# 5980 FOR \$ 680.00 (\$655.00 for this filing)

PLEASE FILE THE ATTACHED REINSTATEMENT & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials