

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 DEC 28 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/28/16--01005--027 **238.75

CR2E041 (12/13)

DOCUMENT #

L14000194383

1. Limited Liability Company's Name

Trident Environmental
Companies, LLC

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

1345 Atlantic Blvd

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32225

Country

3. Mailing Office Address

13245 Atlantic Blvd

Suite, Apt. #, etc.

Suite 4256

City & State

Jacksonville, FL

Zip

32225

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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 Jeffrey Flowers

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

13261 Arbor Vitae Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

E-mail Address:

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Michael A. [Signature]

Date 12-28-16

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
VP	Jeffrey N. Flowers	13261 Arbor Vitae Dr.	Jacksonville, FL 32225

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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
Authorized Person

Michael A. [Signature]

Date 12-28-16 Daytime Phone #

Typed or printed name of signing Authorized Person