

PLEASE READ ALL INSTRUCTIONS BEFORE C.

FILED

13 DEC 23 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLLIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000001125

1. Limited Liability Company's Name

TRIDENT-KINSALE L.L.C.

2. Principal Office Address - No P.O. Box #
3400 E. LAFAYETTE

Suite, Apt. #, etc.

City & State
DETROIT, MIZip
48207Country
USA3. Mailing Office Address
same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
MICHIGAN5. Date Organized or Qualified
To Do Business in Florida JUNE 9, 20006. FEI Number
38-3511050Applied For
Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐ \$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.

City
PLANTATIONState
FLZip Code
33324

E-mail Address:

MICHELE.WALKER@SOAVE.COM

(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 608, F.S.

Signature of
Registered Agent*Rebecca Barth*

Date 12/23/2013

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TRIDENT HOLDINGS L.L.C.	3400 E. LAFAYETTE	DETROIT, MI 48207

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 617.155, F.S.

Signature of Managing
Member/Manager*Bryant M. Frank*

Date 12/23/13 Daytime Phone # 313-567-7000

Typed or printed name of signing Managing Member/Manager Bryant M. Frank, Secretary of Trident Properties, Inc., its Manager

DEC 23 2013

M. WILLIAMS

Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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**LIMITED LIABILITY REINSTATEMENT
TRIDENT-KINSALE L.L.C.**

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