

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

DOCUMENT # **MO2000001503**

1. Limited Liability Company's Name
TRIDEN LLC

000024570910
11/10/03--01095--017 **155.00

2. Principal Office Address
1909 TYLER ST

3. Mailing Office Address

Suite, Apt. #, etc.
500

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

City & State

Zip
33020

Country
USA

Zip

Country

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified
To Do Business in Florida **6-10-2002**

6. FEI Number **75-3027140**

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
STEVEN C. KLEIN

Street Address (P.O. Box Number is Not Acceptable)
7522 WILES RD

Suite, Apt. #, Etc.
210

City
CORAL SPRINGS

State
FL

Zip Code
33067

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

REGISTERED AGENT MUST SIGN

Date **11-3-03**

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
MGR	LLOYD LAPIDUS	1909 TYLER ST # 500	HOLLYWOOD, FL 33020
MGR	GREGORY PIPPO	1909 TYLER ST # 500	HOLLYWOOD FL 33020

REINSTATEMENT

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.

Signature of
Managing Member/Manager

Date **11/5/03**

Daytime Phone # **954-923-2494**

Typed or printed name of signing Managing Member/Manager **LLOYD LAPIDUS**

CR2E041 (10/02)

TRIDEN, LLC
1909 TYLER ST # 500
HOLLYWOOD, FL 33020
954-923-2494

November 6, 2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Triden LLC
ID#: 75-3027140

Dear Sir or Madam:

The above corporation has been dissolved per your records due to non-payment of a uniform business report for year 2003. I have never received any forms from you and was unaware this was due.

I am asking you to waive the penalties on this. I have enclosed a check for \$155.00 for the 2003 report and a certificate of status. Please send the certificate of status to my accountant:

Steven C. Klein, CPA
7522 Wiles Rd # 210
Coral Springs, FL 33067

Please feel free to contact me if you have any questions.

Very truly yours,


Lloyd Lapidus