

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000090056

1. Corporation Name

TRIDENT SUPPLY COMPANY OF ORLANDO, INC.

Principal Place of Business

5760 SW 25TH STREET  
OCALA FL 34474

Mailing Address

5760 SW 25TH STREET  
OCALA FL 34474

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/22/2000

5. FEI Number

59-3671576

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MARTIN, JAMES T	5760 SW 25TH STREET	OCALA FL 34474
SD	MARTIN, JOI	5760 SW 25TH STREET	OCALA FL 34474

8. Name and Address of Current Registered Agent

HICKS, DANIEL ESQ  
5760 SW 25TH STREET  
OCALA FL 34474

9. Name and Address of New Registered Agent

Name

Martin, James T

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

5760 SW 25th Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-16-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-01

Date

352.873.6300

Daytime Phone #

CR2ED40 (8/01)



October 16, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

As of this date Trident Supply Co. of Orlando, Inc. has never received the annual report to file.

Regards,

A handwritten signature in black ink, appearing to read "James T. Martin". The signature is fluid and cursive, with a large initial "J" and "M".

James T. Martin  
President