PLEAS	E READ ALL IN	ERUCIJONS	BEFORE C	OMPLETI	NG THIS FOR	IMON IV	10	
APPLIC (6	FL	ndra E lor	TAT		. • •	1g	De .	
REINSTATEM		ecreta of S	IONS		FILED			
DOCUMENT # P94000040004				97 HAY 14 PM 2: 20				
1. Corporation Name  TRIDENT FINANCIAL MANAGEMENT, INC.					SECRETARY OF STATE TALLAHASSEE, PLORIDA			
Principal Place of Business	Mailing Ado			TAL	LAHASSEE, FLO	RIDA		
1000 HOLLAND DRIVE, SUITE 12 BOCA RATON, FL 33487								
If above addresses are incorrect in a 2. New Principal Office Address, If Ap	nformation and enter correction below. ng Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida					
Suite. Apt. #, etc.	Suite, Apt.	Suite, Apt. #, etc.		5. FEI Number Applied For				
City & State	City & State	City & State		6			Applicable	
Zip Country	Zφ	Countr	у		OF STATUS DESIRED	S8.75 Additional Fi for a Certificate (		
	of Officers	Str	ations must list at lea eet Address of Each ficer and/or Director	1		/ State / Zin		
P/V/C SABGA, ASSAD M.		3 (Do NOT U	se Post Office Box N	Numbers) 4				
S/T/D SABGAY								
			77	0000216 -05/20/97 ****373.	3 <b>4867</b> - 010470 75 ****37	3.75 AA7		
						(A)51		
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent				
ASSAD M. SABGA 6570 N.W. 39TH			Street Address (P.O. Box Number is Not Acceptable)			OR2E040 (12/96		
BOCA RATON, FI		Suite, Apt. #, Etc.						
		City				State Zip Code		
10. I, being appointed the registered a	gent of the above named corp	oration, am familiar w	ith and accept the ot	oligations of Section	, .			
Signature of Registered Agent	REGISTERED A	GENT MUST SIGN		M 150	Date April	20 195	<u> </u>	
11. Does this corporal Dept. of Revenue	ion pay any intan under S. 199.032	gible tax to th Florida Stat	ie utes. Yes[	X No [		er side for information intangible tax.)	n	
12. I certify that I am an officer or direct this reinstatement application, the owed by the corporation have been on this application is true and accurate.	eason for dissolution has been paid and the names of indivi	n eliminated, the corpo duals listed on this for	orate name satisfies m do not qualify for a	the requirements on exemption und	of section 607.0401 or 61	17.0401, F.S., that al	Il fees	
SIGNATURE: SIGNATURE AN ASSAD	O TYPED OR PRINTED NAME OF	SIGNING OFFICER OR I	DIRECTOR	<u> </u>	(20(そ) Date 04/20/97	Daytime Phone # (561) 9	97-1140	





April 20, 1997

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

Upon contacting the State of Florida on a separate issue, I was advised that the corporation, Trident Financial Management, Inc., was dissolved on August 23, 1997, for failure to file an Annual Report.

Per my telephone conversation with Leslie Sellers, Reinstatement (904) 487-6059, I am asking that you please waive the reinstatement fee of \$585.00 for the following reason:

Our corporation had undergone an address change from 7625 Marbella Terrace, Boca Raton, FL 33433 to Trident Financial Management, Inc., 1000 Holland Drive, Suite 12, Boca Raton, FL 33487.

We filed what we believed to be all the necessary "change of address" documents; however, our Annual Report was not forwarded to us by the U.S. Postal Service and was, therefore, not filed.

We have enclosed all the appropriate reinstatement forms, as well as a check in the amount of \$373.75, which includes last year's fee of \$200.00, plus this year's fee of \$165.00, plus the \$8.75 fee for Certificate of Status. We understand that by filing this form, with the appropriate "new" address we will receive future Annual Report filing forms for timely filing.

We apologize for any inconveniences this may have caused and would appreciate your utmost consideration.

Thanking you in advance.

Very truly yours,

TRIDENT FINANCIAL MANAGEMENT, INC.

m. Yun Bruselle

M. Lynn Brunelle Executive Assistant

/mlb

Enclosures

1000 Holland Drive Suite 12 Boca Raton, FL 33487 Tel: (561) 997-1140 Fax: (561) 997-6204