


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
07 MAR 28 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** S13092

**1. Corporation Name**  
Trident Holding Co.

<b>2. Principal Office Address</b> 1339 Orange Ave.		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc. # 8		Suite, Apt. #, etc.	
City & State Coronado, CA		City & State	
Zip 92118	Country	Zip	Country

**REINSTATEMENT** 04-67  
CR2E081 (12/05)

**4. Date Incorporated or Qualified To Do Business in Florida** 11/8/1990

**5. FEI Number** 65-0249866 **Applied For** Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  **\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St.

Suite, Apt. #, Etc.

City Tallahassee State FL Zip Code 32301-2607

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of Registered Agent *Janet Budhu* **Janet Budhu, Asst. Vice President** Date 3/14/07

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Scott Aurich	1339 Orange Ave. # 8	Coronado, CA 92118

900095905239  
04/05/07--01043--009 \*\*1200.00

**10. 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 contained in Chapter 119, 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 AND EXEMPT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**