

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 19 PM 2:27

DOCUMENT # *513092*

1. Corporation Name

Trident Holding Co.

800020250318
05/29/03--01011--031 **900.00

2. Principal Office Address

1339 Orange Ave

3. Mailing Office Address

1339 Orange Ave

Suite, Apt. #, etc.

Suite 8

Suite, Apt. #, etc.

Suite 8

City & State

Coronado CA

City & State

Coronado CA

Zip

92118

Country

USA

Zip

92118

Country

USA

REINSTATEMENT *02-03*
9P

4. Date Incorporated or Qualified To Do Business in Florida

Feb 8, 1990

5. FEI Number

65-0249866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED:

\$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

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

[Signature]

Brian Courtney
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date

5/19/03

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
<i>D</i>	<i>Scott Aurich</i>	<i>1339 Orange Ave #8</i>	<i>Coronado CA 92118</i>

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Scott Aurich 5-12-03

Date

Daytime Phone #

(619) 4371330

CR2ED01 (10/02)