

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 19 PM 5:28

DOCUMENT # **S63549**

1. Corporation Name

**TRIDENT VENTURE GROUP, INC.**

Principal Place of Business

Mailing Address

~~3701 W. BUSCH BLVD  
201  
TAMPA FL 33618~~

~~13014 N. DALE MABRY, SUITE #110  
TAMPA FL 33618~~



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

2. New Principal Office Address, if Applicable

**1689 N. HIATUS ROAD**

Suite, Apt. #, etc.

**SUITE 175**

City & State

**PEMBROOK PINES FL.**

Zip **33026**

Country **USA**

3. New Mailing Office Address, if Applicable

**1689 N. HIATUS ROAD**

Suite, Apt. #, etc.

**SUITE 175**

City & State

**PEMBROOK PINES FL.**

Zip **33026**

Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

**06/27/1991**

5. FEI Number

**65-0269322**

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PT	RIOS, NIKI	13014 N DALE MABRY # 110	TAMPA FL 33618
VPS	SPEROUNES, MICHAEL S	13014 N DALE MABRY # 110	TAMPA FL 33618

400004661694--8  
-11/01/01--01005--004  
\*\*\*\*150.00 \*\*\*\*150.00

*11/10/01*

8. Name and Address of Current Registered Agent

CHANDLER, JD  
1689 N. HIATUS RD.  
STE 175  
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	<b>FL</b>	

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

*J.D. Chandler*

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:

*Niki Rios*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*10/16/2001*

Daytime Phone #

CR2E040 (8/01)

# Trident Venture Group

2701 W. Busch Blvd., Suite 201, Tampa, FL 33618 (813) 915-8828

October 16, 2001

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314-6327

TRIDENT VENTURE GROUP  
2701 WEST BUSCH BOULEVARD  
SUITE 201  
TAMPA, FLORIDA 33618

RE: DOCUMENT #S63549  
CORPORATION NAME: TRIDENT VENTURE GROUP

Dear Madam/Sir ,

Per my telephone conversation with your representative, Leslie Seller, on October 15, 2001, enclosed you will find an application for reinstatement and a check in the amount of \$150.00. As explained to Ms. Seller I did not receive previous notices or the original uniform business report.

Sincerely,



Niki Rios, President  
TRIDENT VENTURE GROUP