

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 3:12

DOCUMENT # V05759

1. Corporation Name

TRIDENT SHIPWORKS INCORPORATED

Principal Place of Business

Mailing Address

5251 W TYSON AVE
TAMPA FL 33611
US

5251 W TYSON AVE
TAMPA FL 33611
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3104270

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	EGAN, RICHARD J	403 ALEXANDER PALM ROAD	BOCA RATON FL 33432
D	POSTMA, JR., HERBERT F	336 COCONUT PALM ROAD	BOCA RATON FL 33432
O	BRIAN FRANC	5251 W. TYSON AVE	TAMPA, FL 33611
			600003441806--5 -10/27/00--01023--010 ****750.00 ****750.00
			10/10/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AILEEN S DAVIS

100 SOUTH ASHLEY DR STE 1500
FIRST UNION CENTRE
TAMPA FL 33602

Name

BRIAN FRANC

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

5251 W. TYSON AVE

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-16-00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00

Date

813-839-5151

Daytime Phone #

CR2E040 (8/00)