

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JUL 31 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012144

1. Corporation Name
TRIMURTI INC.
DBA - STOP 'N' SAVE

Principal Place of Business	Mailing Address
287, MARION OAKS LANG OCALA FL. 34473	287, MARION OAKS LANG OCALA FL 34473

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

2. New Principal Office Address, if Applicable STOP 'N' SAVE Suite, Apt. #, etc. 287/MARION OAKS LN. City & State OCALA, FL. 34473 Zip 34473 Country MARION	3. New Mailing Office Address, if Applicable STOP N SAVE Suite, Apt. #, etc. 287/MARION OAK'S LN. City & State OCALA, FL 34473 Zip 34473 Country MARION	4. Date Incorporated or Qualified To Do Business in Florida 2-13-95	5. FEI Number 59-3294815 Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	(President) BHARAT J. PATEL	239, MARION OAK'S LN	OCALA, FL 34473
			200002258712--3 -08/05/97--01114--0105 ****923,75 ****923,75
			REINSTATEMENT 96-97 A. Alan 7/31/97

8. Name and Address of Current Registered Agent TRIMURTI INC DBA STOP N SAVE 287 MARION OAK'S LN. OCALA FL. 34473	9. Name and Address of New Registered Agent Name BHARAT J. PATEL Street Address (P.O. Box Number is Not Acceptable) 287 MARION OAK'S LN. Suite, Apt. #, Etc. City OCALA State FL Zip Code 34473
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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]* Date: 6-22-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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]* BHARAT PATEL (P) 6-22-97 1-352-245-7502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C292040 (12/96)