

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
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 LANE
OCALA
FL. 34473

287, MARION OAKS LANE
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

3. New Mailing Office Address, If Applicable

STOP 'N' SAVE

Suite, Apt. #, etc.

287/MARION OAKS LN.

Suite, Apt. #, etc.

287/MARION OAKS LN.

City & State

OCALA FL 34473

City & State

OCALA FL 34473

Zip

34473

Country

MARION

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 ☐ \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	(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

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

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]

REGISTERED AGENT MUST SIGN

Date

6-22-97

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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-97 1-352-245-7502

Date

Daytime Phone #

0320040 (12/96)