

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -6 PM 3:07

DOCUMENT # **P95000012144**

1. Corporation Name

TRIMURTI INC

2. Principal Office Address

3800 US HWY 27 N

Suite, Apt. #, etc.

1

City & State

Davenport FL

Zip

33837

Country

ORANGE

3. Mailing Office Address

3800 US HWY 27 N

Suite, Apt. #, etc.

City & State

Davenport FL

Zip

33837

Country

ORANGE

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

2/13/95

5. FEI Number

593294815

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATEL Bharat J

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

3800 US HWY 27 N

Suite, Apt. #, Etc.

City

Davenport

State

FL

Zip Code

33837

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]

Date **9/28/00**

REGISTERED AGENT MUST SIGN

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
P	Patel Bharat J	3800 US HWY 27 N	Davenport FL 33837
			500003426865--1
			-10/17/00-01009-012
			****900.00 ****900.00
			[Signature]

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/00

Date

Daytime Phone #