P95000013047

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

400001407894
-02/16/95--01003--001
****123.00 ****123.00

95 FEB 15 PM 4:31

SUBJECT: Coleman Superette Inc
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

- ☐ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate
- ☑ $122.50 Filing Fee & Certified Copy
- ☐ $131.25 Filing Fee, Certified Copy & Certificate

FROM: Coleman Superette Inc
Name (printed or typed)

100 N Commercial St
P O Box 245
Address

Coleman FL 33521
City, State & Zip

(904) 748-3788
Daytime Telephone number

2/15

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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95 FEB 15 PM 4:31
[illegible]

ARTICLE I NAME

The name of the corporation shall be:

Coleman Superette Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

100 N Commercial St
P.O. Box 245
Coleman FL 33521-0245

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

One Hundred Only

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Hariwadan R Jambusaria
100 N. Commercial St
[illegible]

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Harivadan R Jambusaria
P O Box 245
[illegible] FL 32621-0245

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 15th day of Feb, 1995.

Harivadan R. Jambusaria
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: _____

2. The name and address of the registered agent and office is:

_____
(Name)

_____
(P.O. Box not acceptable)

_____
(City/State/Zip)

95 FEB 15 PM 4:31

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

_____ _____
(Signature) (Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

P95000013047

PLEASE [illegible] THIS FORM.

APPLICATION FOR 1996 ANNUAL REPORT

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT -7 PM 2:14

DOCUMENT # P95000013047

1. Corporation Name

COLEMAN SUPERETTE INC.

1996 ANNUAL REPORT

Principal Place of Business
100 N COMMERCIAL ST
COLEMAN FL 33521-0245

Mailing Address
PO BOX 245
COLEMAN FL 33521-0245

000001 470078
-10/10/96--01013--009
****200.00 ****200.00

BK 10/7/96

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/15/1995

5. FEI Number: 59-3298398 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Harivadan Jambusaria	4539 S. Kirkman Rd Orlando, FL 32811	Orlando, FL 32811

8. Name and Address of Current Registered Agent

JAMBUSARIA, HARIVADAN R
100 N COMMERCIAL ST
COLEMAN FL 33521-0245

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/96)

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: Harivadan R. Jambusaria
REGISTERED AGENT MUST SIGN
Date: 8.31.96

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: Harivadan R. Jambusaria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.31.96
Date

352-748-3788
Daytime Phone #

0074175 AF

COLEMAN SUPERETTE

100 North Commercial Street
P. O. Box 245
Coleman, FL 33521-0245
(904) 793-3748

P95000013047

October 02, 1996

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl 32314

Attn: Mr. Buck Kohr

Ref: P95000013047

Dear Sir,

This has a reference to your letter dated September 27. 1996 and a subsequent telephone conversation I had with you.

I have to state that I had not received the Annual Report for 1996.

I request you to waive the penalty and reinstate the corporation.

Thanking you in anticipation.

Sincerely,

Harivadan R. Jambusaria

Harivadan R. Jambusaria
Coleman Superette Inc.,

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT -7 PM 2:14

FILM THIS LETTER

" A PLACE TO GET A LITTLE MORE FOR A LITTLE LESS."