

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000004931

1. Corporation Name

EASTSIDE KWIK STOP, INC.

Principal Place of Business

Mailing Address

2305/07 HAWTHORNE RD
GAINESVILLE FL 32641

2305/07 HAWTHORNE RD
GAINESVILLE FL 32641

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1997

5. FEI Number

59-3442888

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03



700023805287
10/24/03--01019--003 **600.00

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
P	PATEL, MINESH A	6529 MILLHOPPER ROAD	GAINESVILLE FL 32653
VT	PATEL, MANU A	6529 MILLHOPPER ROAD	GAINESVILLE FL 32653
C	PATEL, SURESH A	6529 MILLHOPPER ROAD	GAINESVILLE FL 32653
VS	DAVE, MILAN N	4229 NW 43RD STREET APT M101	GAINESVILLE FL 32606

700023805287
10/15/03--01022--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATEL, MANU A
4229 NW 43RD AVE
GAINESVILLE FL 32606

Name

MILAN DAVE

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

2305/07 HAWTHORNE ROAD

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32641

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

OCT 9 2003

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03

(352)
378

1354

CR2E040 (7/03)