

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED
AND
FILED

1997 NOV 14 PM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
REINSTATEMENT 1997
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000090230 (0)**

1. Corporation Name
SARA'S BEARS & GIFTS, II, INC.

Principal Place of Business
**1652 TAYLOR RD
PT ORANGE FL 32124**

Mailing Address
**1652 TAYLOR RD
PT ORANGE FL 32124**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/20/1995** 3a. Date of Last Report **08/09/1996**
4. FEI Number **59-3363293** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**WELLS, SYLVAN A
618 N WILD OLIVE AVE
DAYTONA BEACH FL 32118**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Sylvan A. Wells, Esq.* 11-10-97
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **D WELLS, SYLVAN A**
STREET ADDRESS **618 N WILD OLIVE AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE DELETE
NAME **D WELLS, SALLY A**
STREET ADDRESS **618 N WILD OLIVE AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE DELETE
NAME **D CROMARTIE, R. SAMUEL**
STREET ADDRESS **236 JOHN ANDERSON DR**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE DELETE
NAME **D CROMARTIE, R. SAMUEL**
STREET ADDRESS **236 JOHN ANDERSON DR**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

600002349946-4
-11/18/97-01018-009
*****750.00 ***750.00**

REINSTATEMENT

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Sylvan A. Wells, Esq.* 10-30-97 204-673-7777

CR2E034 (4/97)