

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000105725

FILED
Sep 26, 2006
Secretary of State

Entity Name: SUMTER BAGELS AND MORE, INC

Current Principal Place of Business:

348-A SHOPPING CENTER DRIVE
WILDWOOD, FL 34785

New Principal Place of Business:

348 SHOPPING CENTER DRIVE
WILDWOOD, FL 34785

Current Mailing Address:

POST OFFICE BOX 771
COLEMAN, FL 33521

New Mailing Address:

348 SHOPPING CENTER DRIVE
WILDWOOD, FL 34785

FEI Number: 41-2081942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARBER, FRANCE F
POST OFFICE BOX 771
COLEMAN, FL 33521 US

Name and Address of New Registered Agent:

DIONNE, MICHELINE
POST OFFICE BOX 771
COLEMAN, FL 33521 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHELINE DIONNE

09/26/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARBER, FRANCE F
Address: POST OFFICE BOX 771
City-St-Zip: COLEMAN, FL 33521

Title: VP () Delete
Name: FARBER, ADAM
Address: POST OFFICE 771
City-St-Zip: COLEMAN, FL 33521

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIONNE, MICHELINE
Address: POST OFFICE BOX 771
City-St-Zip: COLEMAN, FL 33521

Title: VP (X) Change () Addition
Name: FARBER, FRANCE
Address: POST OFFICE 771
City-St-Zip: COLEMAN, FL 33521

Title: SC () Change (X) Addition
Name: FARBER, ADAM
Address: POST OFFICE BOX 771
City-St-Zip: COLEMAN, FL 33521

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELINE DIONNE

P

09/26/2006

Electronic Signature of Signing Officer or Director

Date