

2005 FOR PROFIT CORPORATION

~~ANNUAL REPORT (FAM)~~

REINSTATEMENT

PROVED
AND
FILED

DOCUMENT # P95000073744

1. Entity Name

SARASOTA BAGEL CAFE, INC.



05 DEC 13 PM 3:59

Principal Place of Business
4050 CATTLEMAN ROAD
SARASOTA FL 34233

Mailing Address
4050 CATTLEMAN ROAD
SARASOTA FL 34233

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT

05

City & State

City & State

4. FEI Number

65-0613018

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMALLWOOD, ROBERT T II
1715 STICKNEY POINT ROAD
SARASOTA FL 34231

Name JONATHAN B. ABRAHMS
Street Address (P.O. Box Number is Not Acceptable)
4849 SANDY POINTE CT.

City SARASOTA

FL

Zip Code 34233

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jonathan B. Abrahms

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005**

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete
NAME ABRAHMS, GAIL
STREET ADDRESS 4849 SANDY POINTE COURT
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME JONATHAN B. ABRAHMS
STREET ADDRESS 4849 SANDY POINTE CT
CITY-ST-ZIP SARASOTA, FL 34233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jonathan B. Abrahms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-05

941-377-6904

Date

Daytime Phone #

K. Eckel DEC 14 2005