

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
John W. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 30 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000090224

1. Corporation Name

SARA'S BEARS & GIFTS, INC.

Principal Place of Business

Mailing Address

173 S YONGE ST  
ORMOND BEACH FL 32174

173 S YONGE ST  
ORMOND BEACH FL 32174



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		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/20/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3363294	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	WELLS, SYLVAN A	618 N WILD OLIVE AVE	DAYTONA BEACH FL 32118
D	WELLS, SALLY A	618 N WILD OLIVE AVE	DAYTONA BEACH FL 32118
D	CROMARTIE, R. SAMUEL	236 JOHN ANDERSON DR	ORMOND BEACH FL 32176
D	CROMARTIE, ELAINE	236 JOHN ANDERSON DR	ORMOND BEACH FL 32176
			600002703866--4 -12/04/98--01111--001 ***150.00 ***150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WELLS, SYLVAN A 618 N WILD OLIVE AVE DAYTONA BEACH FL 32118		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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 Sally A. Wells **SIGNATURE REQUIRED** Date 11-23-98  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Sally A. Wells Sally A. Wells Date 11-23-98 Daytime Phone # 904-673-7272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR21040 (9/98)



# *Sara's Bears*

173 S. Yonge Street  
Ormond Beach, Florida 32174  
(904) 673-7272 FAX (904) 673-7240

November 23, 1998

Florida Department of State  
Division of Corporations  
Annual Report Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

Re: FEI 59-3363294

Dear Sir or Madam:

Pursuant to my telephone conversation with someone in your office earlier today, I am writing to say that I never received the first notice directing me to file my annual corporate report. I called your office immediately upon receiving the Notice of Administrative Dissolution. I was also told to enclose \$150.00 with the enclosed completed Application for Reinstatement since I had not received the first notice.

Thank you for your assistance. Please contact me should you need additional information.

Sincerely,

*Sally A. Wells*  
Sally A. Wells, Pres.

Enclosures