

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 APR 23 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G17172

1. Corporation Name

WHOLESALE SLEEP DISTRIBUTORS OF LAKE CITY, INC.

2. Principal Office Address

4070 W. U.S. Highway 90

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32055

Country

U.S.

3. Mailing Office Address

4070 W. U.S. Highway 90

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32055

Country

U.S.

REINSTATEMENT 99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/1/83

5. FEI Number

59-2241330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David S. DeRosia

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

2900 E. Baya Ave.

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32025

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

David S. DeRosia

Date **4-11-01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	Christopher Pottle	P.O. Box 3477	Lake City, FL 32056
V/T/D	Elizabeth B. Pottle	P.O. Box 3477	Lake City, FL 32056

REINSTATEMENT 99-01 78

10. 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:

Christopher Pottle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #