

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 07, 2009  
Secretary of State**

DOCUMENT# P06000095781

Entity Name: SELECT FOAM, INC.

**Current Principal Place of Business:**

1504 BAY ROAD  
1002C  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

141 CRANDON BLVD  
440  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

1504 BAY ROAD  
1002C  
MIAMI BEACH, FL 33139

**New Mailing Address:**

141 CRANDON BLVD  
440  
KEY BISCAYNE, FL 33149

FEI Number: 20-4945222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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: MATT BYRD

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: D      ( ) Delete  
Name: BYRD, MATT  
Address: 1560 DELGADO ROAD  
City-St-Zip: CORAL GABLES, FL 33146

Title: D      ( ) Delete  
Name: NELSON, CHRIS  
Address: 31042 HUNTINGTON WDS PKWY  
City-St-Zip: BAY VILLAGE, OH 44140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MATT BYRD

Electronic Signature of Signing Officer or Director

D

10/07/2009

Date