

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000772

1. Corporation Name

AMALGAMATED MATTRESS CO., INC.

Principal Place of Business

Mailing Address

180 CAMPANELLI PARKWAY
STOUGHTON MA 02072

180 CAMPANELLI PARKWAY
PO BOX 840
STOUGHTON MA 02072

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 83

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2001

5. FEI Number

04-3545876

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CHASIN, GEOFFREY S	180 CAMPANELLI PARKWAY	STOUGHTON MA 02072
TD	KLEIN, ROBERT N	180 CAMPANELLI PARKWAY	STOUGHTON MA 02072
S	GELERMAN, RICHARD A	30 WALPOLE STREET	NORWOOD MA 02062

900025330669
12/08/03--01076--027 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATE RISK MANAGEMENT
1581 ROBERT S. CONLON BLVD
PALM BAY FL 32905

Name

DONNA RIGGI

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

1580 NORTHWEST 27TH AVENUE

Suite, Apt. #, Etc.

BAY 7

City

POMPANO BEACH

State

FL

Zip Code

33069

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. or 617.0505, F.S.

Signature of
Registered Agent

Donna Riggi

REGISTERED AGENT MUST SIGN

Date

1/21/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEOFFREY S. CHASIN PRESIDENT

Date

10/31/03

Daytime Phone #

CR2E040 (7/03)