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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000002114

1. Corporation Name
International Bedding Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2210 Vanderbilt Beach Rd.	2210 Vanderbilt Beach Rd.
Suite, Apt. #, etc. Suite 1206	Suite, Apt. #, etc. Suite 1206
City & State Naples, FL	City & State Naples, FL
Zip 34109 Country	Zip 34109 Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida 4/26/2002

5. FEI Number 59-2324762 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required. Select Certificate of Status.

7. Name and Address of Current Registered Agent

Name: Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable): 236 East 6th Avenue

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32303

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Edward W. Hayes, ASST SEC. Date: 7/10/2012
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,CRO	James R. Malone	2210 Vanderbilt Beach Rd., Suite 1206	Naples, FL 34109

10. E-mail Address: jmalone@porval.com
(To be used for future annual report notification)

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 attaching 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: James R. Malone 7-10-12 239-430-0803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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S. HAWKES
JUL - 2012
EXAMINER

Florida Department of State
Division of Corporations
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Email Address: jmalone@gorval.com

Marcy Shaffer

CORPORATION REINSTATEMENT
INTERNATIONAL BEDDING CORPORATION

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