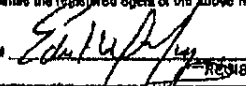
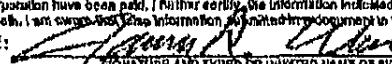


H12000179335

FILED  
12 JUL 11 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                                                                 |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| CORPORATION<br>REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                    |
| DOCUMENT # F02000002114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                                                                                                                                 |                    |
| 1. Corporation Name<br>International Bedding Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                                                                 |                    |
| 2. Principal Office Address - No P.O. Box #<br>2210 Vanderbilt Beach Rd.<br>Suite, Apt. #, etc.<br>Suite 1208<br>City & State<br>Naples, FL<br>Zip<br>34109                                                                                                                                                                                                                                                                                                                                                                                                           |                                      | 3. Mailing Office Address<br>2210 Vanderbilt Beach Rd.<br>Suite, Apt. #, etc.<br>Suite 1208<br>City & State<br>Naples, FL<br>Zip<br>34109                       |                    |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | Country                                                                                                                                                         |                    |
| 4. Date Incorporated or Qualified<br>To Do Business in Florida 4/26/2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | 5. Filing Number<br>58-2324762                                                                                                                                  |                    |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                                                 |                    |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                                                                 |                    |
| Name<br>Paracorp Incorporated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                 |                    |
| Street Address (P.O. Box Number is Not Acceptable)<br>230 East 8th Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                 |                    |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                 |                    |
| City<br>Tallahassee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | State<br>FL                                                                                                                                                     | Zip Code<br>32303  |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0305 or 817.0505, F.S.                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                 |                    |
| Signature of<br>Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | Date                                                                                                                                                            |                    |
|  Edward W. Noyes, ASST. SEC.<br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 7/10/2012                                                                                                                                                       |                    |
| 9. Names and Street Addresses of Each Officer or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                 |                    |
| TITLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director                                                                                                               | City / State / Zip |
| D, CRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | James R. Malone                      | 2210 Vanderbilt Beach Rd., Suite 1208                                                                                                                           | Naples, FL 34109   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                                                                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                                                                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                                                                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                                                                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                                                                 |                    |
| 10. E-mail Address: jmalone@corval.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                                                                                                                                 |                    |
| (To be used for future annual report notifications)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                 |                    |
| 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 807 or 817, F.S. (whichever applies) and that all fees owed by the corporation have been paid. I further certify the information included 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 on this document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. |                                      |                                                                                                                                                                 |                    |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      | Date                                                                                                                                                            |                    |
|  James R. Malone                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | 7-10-12 232 430-0003                                                                                                                                            |                    |

S. HAWKES

JUL - 2012

EXAMINER

H12000179335

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H12000179335 3)))



H120001793353ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : BERGER SINGERMAN - FORT LAUDERDALE  
Account Number : I20020000154  
Phone : (954) 525-9900  
Fax Number : (954) 523-2872

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jmalone@gorval.comMarcy Shaffer

**CORPORATION REINSTATEMENT  
INTERNATIONAL BEDDING CORPORATION**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$661.25 |

750.00[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)