

FILED

08 OCT 13 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # F05000000847

1. Entity Name
CONSOLIDATED BEDDING, INC.

Principal Place of Business
500 S. FALKENBURG ROAD
TAMPA, FL 33619

Mailing Address
500 S. FALKENBURG ROAD
TAMPA, FL 33619

2. Principal Place of Business - No P.O. Box #
500 S. FALKENBURG RD
Suite, Apt. #, etc.

3. Mailing Address
500 S. FALKENBURG RD
Suite, Apt. #, etc.



REINSTATEMENT 08

4. FEI Number
20-1993182

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Barbara A. Burke **Barbara A. Burke**
Special Assistant Secretary
DATE: 10/10/08

FILE NOW! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO MARTIN, KEVIN 500 S. FALKENBURG ROAD TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO - PROVISIONAL STEVE CUMBOU 500 S. FALKENBURG ROAD TAMPA FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ANTINORI, STEVEN 500 S. FALKENBURG ROAD TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAGASUBOR STEVE CUMBOU 500 S. FALKENBURG ROAD TAMPA FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BAIRD, JOHN 500 S. FALKENBURG ROAD TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY STEVE CUMBOU 500 S. FALKENBURG ROAD TAMPA FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LUEPTOW, RONALD S 500 S. FALKENBURG ROAD TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JAN WETTERBERG 500 S. FALKENBURG ROAD TAMPA FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report by the use of checkmarks and that my 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; and that this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address where I am otherwise empowered.

SIGNATURE: [Signature] **[Signature]**
Date: 10/10/08

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

CONSOLIDATED BEDDING, INC.

Certificate of Status	1
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