

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 OCT 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000006040**

1. Corporation Name

ROYAL FUTONS, INC.

Principal Place of Business

900 S. HALTOM RD.
FT. WORTH TX 76117

Mailing Address

900 S. HALTOM RD.
FT. WORTH TX 76117

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1997

5. FEI Number

75-2695340

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03



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
PDC	GERRICK, MARK	900 S. HALTOM RD.	FT. WORTH TX 76117
VDC	HASTINGS, LARRY	900 S. HALTOM RD.	FT. WORTH TX 76117

400024178444
10/27/03--0115--016 **150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10-23-03

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

Mark Gerrick

Date

10-23-03 817-834-7522

Daytime Phone #

CR2E040 (7/03)

Royal Sleep Products, Inc.

900 So. Haltom Rd.
Fort Worth, TX 76117

Phone (817) 834-7522
FAX (817) 834-7745

OCTOBER 23, 2003

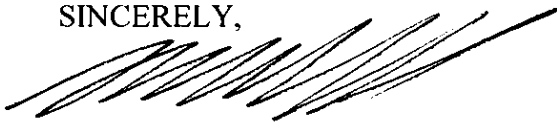
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN

OUR CORPORATION HAS BEEN ADMINISTRATIVELY DISSOLVED FOR FAILURE TO FILE A 2003 UNIFORM BUSINESS REPORT. HOWEVER, WE DID NOT RECEIVE THE 2003 UBR AND THEREFORE ASK THAT THE \$600.00 REINSTATEMENT FEE BE WAIVED. ENCLOSED YOU WILL FIND A COMPLETED REINSTATEMENT FORM AND 2003 UBR. OUR CHECK FOR THE FILING FEE IN THE AMOUNT OF \$150.00 IS ALSO ENCLOSED. PLEASE CONTACT US IMMEDIATELY WITH ANY QUESTIONS.

THANK YOU FOR YOUR HELP WITH THIS MATTER.

SINCERELY,



MARK GERRICK

RECEIVED
OCT 23 2003
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314
YOUR CHECK FOR THE FILING FEE IN THE AMOUNT OF \$150.00 IS ALSO ENCLOSED. PLEASE CONTACT US IMMEDIATELY WITH ANY QUESTIONS.

10-23-03 10:00 AM