

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F99000002880

1. Corporation Name

MALACHI MATTRESS ~~AMERICAN~~ INC.

slb  
AMERICA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 30 PM 4:46

Principal Place of Business

Mailing Address

~~4665 SWEETWATER BOULEVARD, SUITE 105  
SUGAR LAND TX 77479~~

~~4665 SWEETWATER BOULEVARD, SUITE 105  
SUGAR LAND TX 77479~~

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

2. New Principal Office Address, If Applicable

5815 Gulf Freeway

Suite, Apt. #, etc.

City & State

Houston, TX

Zip 77023 Country USA

3. New Mailing Office Address, If Applicable

5815 Gulf Freeway

Suite, Apt. #, etc.

City & State

Houston, TX

Zip 77023 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/1999

5. FEI Number

76-0596008

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	FESTE, GREGORY L	4665 SWEETWATER BOULEVARD, SUITE	SUGAR LAND TX 77479
VCD	HERNDON, S. CHRISTOPHER	<del>4665 SWEETWATER BOULEVARD, SUITE</del> 5815 Gulf Freeway	<del>SUGAR LAND TX 77479</del> Houston TX 77023
D	SNELLING, MARK D	<del>4665 SWEETWATER BOULEVARD, SUITE</del>	SUGAR LAND TX 77479
V	MCGUIRE, DANIEL J	<del>4665 SWEETWATER BOULEVARD, SUITE</del> 5815 Gulf Freeway	<del>SUGAR LAND TX 77479</del> Houston, TX 77023
V	SULLIVAN, STEPHEN A	<del>4665 SWEETWATER BOULEVARD, SUITE</del> 5815 Gulf Freeway	<del>SUGAR LAND TX 77479</del> Houston, TX 77023

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

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.

Signature of  
Registered Agent

Barbara A. Burke  
REGISTERED AGENT MUST SIGN

BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

Date

11-27-00

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

Date

Daytime Phone #

CR20040 (800)