PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STALLAHASSEE, FL 01 OCT 22 PH 12: 59

F99000004798

1. Corporation Name

MATTRESS GIANT CORPORATION

Principal Place of Business

Mailing Address

14665 MIDWAY ROAD, SUITE 100 ADDISON TX 75001

14665 MIDWAY ROAD. SUITE 100

ADDISON TX 7500f



If above a	ddresses are	incorrect in any way, line	through incorrect i	information a	and enter correction below.				
New Principal Office Address, If Applicable 3. New Mai				ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 09/17/1999			
Suite, Apt. #, etc. Suite, Apt.				ŧ, etc.		5. FEI Number Applied For			
City & State City &				State			75-2427860 Not Applicable		
Zip	Zip Country				Country	- 6. CERTIFICATI	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names a	and Street Ad	dresses of Each Officer ar	nd/or Director (Flo	orida nonprot	fit corporations must list at le	east 3 directors)			
Title(s) 1	Name of Officers and/or Directors			Street Address of Eac Officer and/or Direct			City / State / Zip		
PCEO	LANG, PHIL			5004 SEA PINES DRIVE			DALLAS TX 75287		
s	DEKELBAUM, RON			14501 MONTFORT DRIVE, #806			DALLAS TX 75240		
UP	Pat Muldpin			14665 Midwy Rd-Saite 100			Addison TXT 5001		
		,			-	~~.			
i				30004658073: -10/30/0101003002 ****158.75 *** <u>*</u> 158.75			1003002 *** <u>*</u> 158.75		
								SP	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
					Name				
CAPITOL CORPORATE SERVICES, INC.					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
1333 NORTH DUVAL ST. TALLAHASSEE FL 32303					Suite, Apt. #, Et	Suite, Apt. #, Etc.			
					City		State	Zip Code	
					Only	FL State 24 Code			
10. I, being	appointed the	registered agent of the a	bove named corp	oration, am f	amiliar with and accept the	obligations of Sect	ion 607.0505, F.S.		
Signåture of Registered i	Agent	Weenie	Case REGISTERED AG		PLAREED SIGN		Date	5-01	
11. I certify this reins	that I am an o statement app	fficer or director or the red lication, the reason for dis	eiver or trustee er solution has been	npowered to	execute this application as the corporate name satisfie	provided for in cha s the requirements	upter 607 or 617, F.S. I further of section 607.0401 or 617.04	certify that when filing	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Mattress Giant. DISCOUNT SLEEP SUPERSTORES



October 16, 2001

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Mattress Giant Corporation
Document #F99000004798

Dear Sir or Madam:

Please note that we have never received any notices this year regarding the filing of our annual report. I personally prepare our annual reports throughout the country, and the first document we received was The Notice of Administrative Dissolution/Revocation. As a result, I respectfully request that any fees above the \$150.00 fee be waived as a result of this situation. I assure you that we would have filed the report in a timely matter if it had been received by my office.

As a result, enclosed please find a check for \$158.75 to cover the filing fee, and status certificate fee. Kindly forward evidence of good standing to my attention at the address below at your earliest convenience.

I wish to thank you in advance for your assistance and cooperation.

Very truly yours,

Ron H. Dekelbaum General Counsel

RHD:cal Enclosures

