

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 4:52

DOCUMENT # **G54223**

Corporation Name

SLEEP SYSTEMS CORPORATION

Principal Place of Business

7725 WEST 2ND CT.
HIALEAH FL 33014

Mailing Address

7725 WEST 2ND CT.
HIALEAH FL 33014



REINSTATEMENT

00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/15/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2310089	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	LUNA, MARIA DOLORES	3911 GRANADA BLVD	CORAL GABLES FL 33134
VD	LUNA, DONAL JR	3911 GRANADA BLVD.	CORAL GABLES FL 33134
PD	LUNA, DONAL	3911 GRANADA BLVD	CORAL GABLES FL 33134

07-19-00 90018 004 \$150.00

10/11/00

8. Name and Address of Current Registered Agent

LUNA, DONAL
3911 GRANADA BLVD
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

9000003434269--2

-10/23/00--01004--005

****500.00 ****500.00

FL

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

Donal Luna **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10/11/00**

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:

Donal Luna **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/00
Date

305 823-6868
Daytime Phone #

CR2040 (800)