

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIABILITY
NY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC
DIVISION
06 FEB 14 AM 11:08

DOCUMENT # L 02000007961

1. Limited Liability Company's Name

Advanced Sleep Technologies L.L.C.

2. Principal Office Address

905 S. Bermuda Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33605

Country

USA.

3. Mailing Office Address

905 S. Bermuda Blvd.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33605

Country

USA.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

04/01/2002

6. FEI Number

71-0870166

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

300066841273
02/28/06--01060--011 **300.00
CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Raymond E. Powell

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

905 S. Bermuda Blvd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Raymond E. Powell

REGISTERED AGENT MUST SIGN

Date 2-9-2006

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Business manager	Raymond E Powell	905. S. Bermuda Blvd	Tampa, FL 33605
CFO	James W. McManus Jr	905. S. Bermuda Blvd	Tampa, FL 33605

REINSTATEMENT 03-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Raymond E. Powell

Date 2-9-2006 Daytime Phone # 813-335-3789

Typed or printed name of signing Managing Member/Manager

Raymond E. Powell