

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP -1 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02 000016470

1. Limited Liability Company's Name

Sleep First, LLC

2. Principal Office Address

2013 Miccosukee Rd

3. Mailing Office Address

2013 Miccosukee Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

USA

Zip

32308

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

6/28/02

6. FEI Number

412047291

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Gregory A. Holt, PhD

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

2013 Miccosukee Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

Gregory A. Holt, PhD

Date

8/11/04

REGISTERED AGENT MUST SIGN

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
MEM	Gregory A. Holt	2013 Miccosukee Rd	Tallahassee, FL 32308
MEM	Janice E. Holt	2013 Miccosukee Rd	Tallahassee, FL 32308
			700040781207 09/02/04--01041--021 **200.00

REINSTATEMENT

2003-2004

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

Gregory A. Holt, PhD

Date

8/31/04

Daytime Phone #

(250) 878-7271

Typed or printed name of signing Managing Member/Manager

Gregory A. Holt

CR2ED41 (10/02)