

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 29 AM 9:07

DOCUMENT # L04000021746

1. Limited Liability Company's Name

Sweet Dreams Sleep Shops L.C.

"Managing"

"Principal"

2. Principal Office Address

3100 Millwood Terr

Suite, Apt. #, etc.

M201

City & State

Boca Raton, FL

Zip

33431

Country

U.S.

3. Mailing Office Address

137 State Road 7

Suite, Apt. #, etc.

305

City & State

Royal Palm Beach, FL

Zip

33411

Country

U.S.

CR2E041 (8/05)

4. State/Country of Formation

Florida / Palm Beach County

5. Date Organized or Qualified
To Do Business in Florida

3-22-04

6. FEI Number

☒ 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

Steven J. Bartow

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

3100 Millwood Terr

Suite, Apt. #, Etc.

M201

City

Boca Raton

State

FL

Zip Code

33431

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

S. Bartow
REGISTERED AGENT MUST SIGN

Date 12-28-06

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
M	above only		
			700082904737 01/02/07--01037--016 **200.00
			05-06

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

S. Bartow

Date 12-28-06 Daytime Phone # 561-393-3880

Typed or printed name of signing Managing Member/Manager

Steven J. Bartow