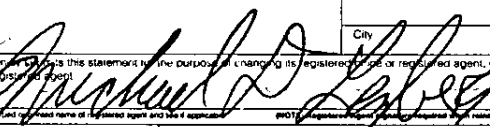
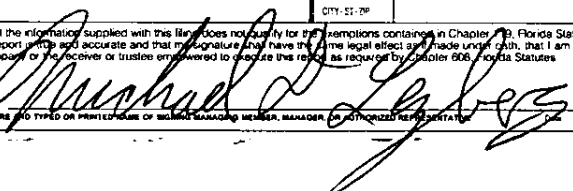


**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

2007 NOV 16 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000092304																											
1. Entity Name AURORA SLEEP PRODUCTS, LLC																											
Principal Place of Business 927 FERN STREET SUITE 1800 ALTAMONTE SPRINGS, FL 32701 US		Mailing Address 927 FERN STREET SUITE 1800 ALTAMONTE SPRINGS, FL 32701 US																									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
4. FEI Number		10112007 REIN-LLC CRZE101 (1/07)																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☒ Applied For ☐ Not Applicable																									
6. Name and Address of Current Registered Agent LEZBERG, MICHAEL 3119 HASSI POINT LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
8. The above named entity changes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, this statement.																											
SIGNATURE: 		DATE																									
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 807.03(2)(b), F.S., the limited liability company did not receive the prior notice.																									
Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 808, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.																											
SIGNATURE: 		DATE																									
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #																									

REINSTATEMENT

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2007