PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 15 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M74083

1. Corporation Name
THE BEDDING QUARTERS, INC.

Principal Place of Business	Mailing Address
6100 E COLONIAL DRIVE ORLANDO FL 32807	6100 E COLONIAL DRIVE ORLANDO FL 32807

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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
6136 E. Colonial Drive	4430 Bridgewater Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl	City & State: Orlando Fl
Zip: 32807 Country	Zip: 32817 Country

4. Date Incorporated or Qualified To Do Business In Florida: 03/29/1988

5. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	JOHNSON, ROBERT	831 S.E. 5TH AVE.	POMPANO BEACH FL
D	JOHNSON, CLARENCE W.	14154 ASTER AVE.	W PALM BEACH FL
D	WOEBER, MICHAEL	4430 BRIDGEWATER DR.	ORLANDO FL
D	WOEBER, DEBORAH	4430 BRIDGEWATER DR	ORLANDO FL

200002010322--0
-11/20/96--01108--019
****200.00 ****200.00

JB 11-8-96

8. Name and Address of Current Registered Agent

WOEBER, MICHAEL
4430 BRIDGEWATER DRIVE
ORLANDO FL 32817

9. Name and Address of New Registered Agent

Name: 200002010322--0
-11/20/96--01108--020
****175.00 ****175.00

Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

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: X Michael Woeber SIGNATURE REQUIRED Date: 9-20-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: X Michael Woeber R Michael Woeber 9-20-96 407-678-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)