## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
EINSTATEMEN



## FLORIDA-DEPASTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P00000039964
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1. Corporation Name

SEALY TRINBAGO, INC.

Principal Place of Business

Mailing Address

10145 SW 170 TERRACE

MIAMI FL 33157

10775 SW 190 ST

10775 SW 190 ST

## 6: 5 33157

FILED

02 DEC -4 AM 8:41

SECRETARY OF STATE TALLAHASHEE FLORIDA



1077	5 500 190 51	10775	30	170 01				
# 6 If above a	FL 33157. addresses are incorrect in any way, line thr	ough incorrect in	52 . 3 formation and	3/57 enter correction below.				
2. New Principal Office Address, If Applicable 10775 SW 190 ST 10775 SW 190 ST 1905/					Date Incorporated or Qualified     To Do Business in Florida     04/20/2000			
Suite, Apt. #, etc.  Unit City & State  City & State  City & State			76		5. FEI Number 65-1003103		Applied For Not Applicable	
<u> </u>	7, FLORIDA Country USA	m1A1		Country 5 A.	6. CERTIFICATE		75 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer and			corporations must list at lea	st 3 directors)		· · · · · · · · · · · · · · · · · · ·	
Title(s)	Name of Officers and/or Directors	. , .,	3	Street Address of Each Officer and/or Director	<del></del>	City / Sta	ate / Zip	
D	SEALY, ABLERTY			10145 SW 170 TERRACE		MIAMI FL 33157		
					30 	00093511 <del>02-01045-012</del>	1 ∋ **150, 00	
	8. Name and Address of Current	Registered Age	nt		9. Name and A	Address of New Registered A	Agent	
SEALY, ALBERTY 10145 SW 170TH TERR MIAMI FL 33157					Street Address (P.O. Box Number is Not Acceptable)  10145 SW 170 TER.			
				<del>-</del>	Ami.	State FL	33157	
10. I, being Signature of Registered			,	illar with and accept the ob	oligations of Secti	on 607.0505, F.S. or 617.0509  Date	•	

11. 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

305-259-9989

Subj:

(no subject)

Date:

11/30/2002 6:08:47 PM Eastern Standard Time

From:

To:

Date: November 29, 2002

To: Division of Corporation

Annual Report / Reinstatement Section

Re: Notice of Dissolution or Revocation of

Sealy Trinbago, Inc.

Document Number: P00000039964

I am writing you this letter seeking an explanation as to why my corporation was dissolved without prior notice. I received a letter stating that my corporation was already dissolved. Is it costmary for the Division of Corporation to send a letter advising you of renewal?

Having been a corporation since year 2000, I have never been negligent in my obligation as a corporation and I would appreciate it greatly if you would reinstate my corporation immediately. Also, is it possible for payment arrangement to be made check by phone.

Your cooperation is greatly appreciated. If you require any further questions, I can be reached at (305) 259-9989.

Thank you,

Albert Sealy/Pres.

10100 (1000) (10