

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300009021373
11/15/02--01047--011 **150.00

DOCUMENT # P01000008783

1. Corporation Name

A BETTER NIGHT'S SLEEP, INC.

Principal Place of Business

1307 WEST FLETCHER AVENUE
TAMPA FL 33612

Mailing Address

1307 WEST FLETCHER AVENUE
TAMPA FL 33612

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2001

5. FEI Number

59-3694508

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
PSTD	KING, JUNE	1307 WEST FLETCHER AVENUE	TAMPA FL 33612

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name JUNE KING

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

1307 W. FLETCHER AVE.

Suite, Apt. #, Etc.

City TAMPA

State FL

Zip Code 33612

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

June King

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-11-02

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:

June King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-02

Date

Daytime Phone #



A Better Night's Sleep
Sleep Evaluation Center

November 11, 2002.

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

To Whom It May Concern:

A Better Night's Sleep did not receive the prior uniform business report notices. Enclosed you will find the application for reinstatement and a check in the amount of \$150.00.

If you have any questions regarding this, please contact me at (813) 962-6252.

Sincerely,

June King

June King
President