

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000008783

FILED
Nov 01, 2007
Secretary of State

Entity Name: A BETTER NIGHT'S SLEEP, INC.

Current Principal Place of Business:

1307 WEST FLETCHER AVENUE
TAMPA, FL 33612

New Principal Place of Business:

3628 MADACA LANE
TAMPA, FL 33618 US

Current Mailing Address:

1307 WEST FLETCHER AVENUE
TAMPA, FL 33612

New Mailing Address:

3628 MADACA LANE
TAMPA, FL 33618 US

FEI Number: 59-3694508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, JUNE
1307 W FLETCHER AVE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

KING, JUNE
3628 MADACA LANE
TAMPA, FL 33618 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JUNE KING

11/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: KING, JUNE
Address: 1307 WEST FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612

Title: S () Delete
Name: KING, MARY L
Address: 1307 W FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: KING, JUNE
Address: 3628 MADACA LANE
City-St-Zip: TAMPA, FL 33618 US

Title: S (X) Change () Addition
Name: KING, MARY L
Address: 3628 MADACA LANE
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE KING

PSTD

11/01/2007

Electronic Signature of Signing Officer or Director

Date