

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # *P01000058179*

1. Corporation Name

PERFECT BEDDING, INC.

FILED
06 FEB 17 AM 2:30
SEC. OF STATE
TALLAHASSEE, FLA

Mailing Address Principal Place of Business

*3787 NW 46 St.
HIALEAH FL. 33142*

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

*5545 NW 206 TERR
MIAMI FL. 33055*

3. New Principal Office Address, If Applicable

*5545 NW 206 TERR
MIAMI FL.*

4. Date Incorporated or Qualified To Do Business in Florida

6/11/2001

5. FEI Number

65-1106567

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>P</i>	<i>ORESTE VALDES</i>	<i>5545 NW 206 TERR</i>	<i>MIAMI FL. 33055</i>

000066392490
02/22/06--01036--022 **300.00

B 2/17/06
REINSTATEMENT 05-06

8. Name and Address of Current Registered Agent

*MIRIAM MOLINA
5545 NW 206 TERR
MIAMI FL. 33055*

9. Name and Address of New Registered Agent

Name *ORESTE VALDES*
Street Address (P.O. Box Number is Not Acceptable) *5545 NW 206 TERR*
Suite, Apt. #, Etc.
City *MIAMI* State *FL* Zip Code *33055*

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 *ORESTE VALDES* Date *1/20/06*
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *ORESTE VALDES* Date *1/20/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2040 (6/94)