

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN 28 AM 11:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000115621

1. Corporation Name

HAZOURI ADJUSTABLE BEDS INC

1650-302 MARGARET STREET
1650-302 MARGARET STREET

2. Principal Office Address

1650-302 MARGARET STREET

Suite, Apt. #, etc.

145

City & State

JACKSONVILLE, FL

Zip

32204

Country

US

3. Mailing Office Address

1650-302 MARGARET STREET

Suite, Apt. #, etc.

145

City & State

JACKSONVILLE, FL

Zip

32204

Country

US

REINSTATEMENT 03-04

400038283124

06/25/04--01049--004 **300.00

4. Date Incorporated or Qualified

To Do Business in Florida JANUARY 1, 2002

5. FEI Number

26-0016581

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT HAZOURI

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

1650-302 MARGARET STREET

Suite, Apt. #, Etc.

145

City

JACKSONVILLE

State
FL

Zip Code
32204

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ROBERT HAZOURI	1650-302 MARGARET ST #145	JACKSONVILLE, FL 32204

10. 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-10-04

Date

904-610-7649

Daytime Phone #

CR2081 (01/04)

APRIL 28, 2004

REFERENCE: HAZOURI ADJUSTABLE BEDS, INC
DOCUMENT NUMBER P01000115621

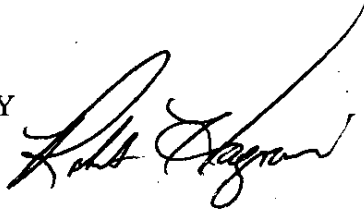
DEAR SIR:

IT HAS COME TO MY ATTENTION THAT MY CORPORATION
WAS DISSOLVED ADMINSTRATIVELY LAST YEAR EFFECTIVE
ON SEPTEMBER 19, 2003.

I NEVER RECEIVED THE CORPORATE RENEWAL FORM OR
NOTIFICATION FROM THE STATE OF FLORIDA THAT MY
CORPORATION WOULD BE DISSOLVED.

PLEASE FIND ENCLOSED A CHECK FOR THE CORPORATE RENEWAL
FEE FOR LAST YEAR 2003 ALONG WITH A CHECK FOR THE
CORPORATE RENEWAL FEE FOR THIS YEAR.

SINCERLEY



ROBERT HAZOURI
PRESIDENT, HAZOURI ADJUSTABLE BEDS, INC

*Thank you for your help in
this matter!*

