

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 25 AM 9:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000067347

1. Corporation Name

REST-O- PEDIC MATTRESS, INC

REINSTATEMENT 03-04

2. Principal Office Address

12620 U.S. Hwy 41 N

Suite, Apt. #, etc.

City & State

Gibsonton, FL

Zip

33534

Country

USA

3. Mailing Office Address

3611 Route 579

Suite, Apt. #, etc.

City & State

Wimauma, FL

Zip

33598

Country

USA

5/5/03 91418 044 150.00

4. Date Incorporated or Qualified
To Do Business in Florida

7-1-02

5. FEI Number

16-1620166

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

TEDDI MCGOWAN

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

6430 GOLF+SEA BLVD.

Suite, Apt. #, Etc.

City

APOLLO BEACH, FL

State

FL

Zip Code

33572

200030945942
03723704--01037--023 **150.00

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

Teddi McGowan

Date

3-17-04

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
VP	EFRAIN DIAZ	3611 Route 579	Wimauma, FL 33598
P	VIRGINIA DIAZ	3611 Route 579	Wimauma, FL 33598

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

3/17/04

Date

813-641-3603

Daytime Phone #

CR2E081 (01/04)

Confidential Accounting, Inc.
Small Business Services

P.O. Box 3276
Apollo Beach, FL 33572

Phone: 813/641-3603
Fax: 813/649-9480

E-Mail: caccount@TampaBay.rr.com

October 21, 2003

Florida Department of State
Division of Corporations
P.O. Box 1528
Tallahassee, FL 32302

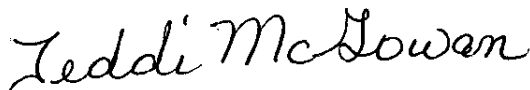
Re: Rest-O-Pedic Mattress, Inc.
Reference No. F02600067347

We received your letter dated August 27, 2003 requesting signature for our client's Uniform Business Report, which was filed on time. Unfortunately, our client just gave us this letter yesterday.

As per your request, we have attached the signed document. We respectfully ask that you waive the \$400.00 late fee since the report was filed and paid on time.

If you have any questions, please call me at 813-641-3603.

Sincerely,



Teddi McGowan
Accountant for Rest-O-Pedic Mattress, Inc.