PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS						FILED 03DEC 31 PH 12: 03 SECRETARY OF STATE A TALLAHASSEE, FLORIDA			
DOCUMENT # P02000080022 1. Corporation Name						OBDEC 31 PHIZ: US			
SWEETHEART PILLOW, INC.						SEC!	SECRE LASSEE. The TALL AHASSEE. The		
P.O. BOX 71 JUPITER FL	33468		P.O. BOX 7173 JUPITER FL 33468						
t above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						4. Date Incorporated or Qualified			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			To Do Busîness in Florida 07/22/2002			
City & State			City & State			5. FEI Numbe	Тррис	d For opticable	
Zip		Country	Zip . Cour		Country	6. CERTIFICATI	<u> </u>		
7. Names a	and Street Addre	esses of Each Officer and/o	or Director (Flor	rida nonprofit	corporations must list at	least 3 directors)			
Title(s) Name of Officers and/or Directors				3	Street Address of Ea Officer and/or Direc				
PD HAUBER, TAMMIE				415 MORNING DOVE PT.			JUPITER FL 33458		
VD HAUBNER, ANTHONY			415 MORNING DOVE PT.				JUPITER FL 33458		
						60 12/31/	D025983786 0301024002 **150.00		
8. Name and Address of Current Registered Agent						9. Name and	Name and Address of New Registered Agent		
HAUBHER, TAMMIE W 415 MORNING DOVE PT. JUPITER FL 33458					Street Address Suite, Apt. #, E	Address (P.O. Box Number is Not Acceptable) Apt. #, Etc. State Zip Code FL			
10. I, being	appointed the r	egistered agent of the abov	ve named corpo	oration, am fa	miliar with and accept the	e obligations of Sect	ion 607.0505, F.S. or 617.0505, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN 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 filling 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									
		e and accurate, and my sig		ve the samell			561		
SIGNAT		imme	$W \star$	turl		(ا	706-03 747-1) 28 3	
1	SIGN	IATURE AND TYPED OR PRII	NICU NAME OF	owning OFFIC	LER UH DIKEÇTOK		Date Daytime Phone #	ĺ	

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

December 9, 2003

To Whom it May Concern:

7

I was recently notified that my corporation, Sweetheart Pillow, Inc. was dissolved. However, I paid the fee of \$150.00 over the Internet on April 30th of this year. After I made my payment, I was given a confirmation number of 600017552186, therefore I assumed that my payment was complete.

I was very shocked when I received the dissolution notice and immediately called Tallahassee. I spoke to a lady in the Internet Access Department named Jina. She confirmed that I did indeed attempt to make the payment on April 30th via the Internet. She said even though I was told that my payment was complete, there must have been some miscommunication with my bank and the \$150 was never taken from my account. This the first notice that I had received that the payment had not been made. I was out of town for the month of July and somehow did not receive that notice, that your office mentioned to me.

Please allow me to reinstate my company at the cost of \$150.00, since I did make my payment before May 1st and was not aware that the money had not been received by the corporations department.

I am enclosing a check for \$150 and my reinstatement form.

Thank you so much for your help

Tammie W. Haubner

P.O. Box 71/73 Jupiter, FL 33468

561-747-0285