2005 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT						-u ED				
DOCUMENT # P03000045601					FILED					
1. Entity Name BBG - MA	TTRESS MARKET, INC.	•				06 HAY 31				
		W05 - 45577	(A) (A) (A)	IGE /	1	STREET AR TALLAHAN	f of SM	[		
Principal Place	of Business	Mailing Address				IALLAHASS	i, E. FLURI	Uñ		
	DLE LANE APT 203 NGS, FL  32708	12 SARA NICOLE LANE AP WINTER SPRINGS, FL 327	71 203 708	20	- /					
MINICK SI KIN	103,12 32700	marier of ranco, re oe.	708 C. HANG			OKIRO IKII BANI BANI BANI	ZANU ETARI ANTA ARNI A	8181 (1 <b>8</b> )7	aei njeri	
Discipat Class at Rusiness     Amilian Address										
16129 State Road 50 116129 State Roa				50	A SERVER AND	DHEN'S LA		RIBS (IRS)	4 0 1	
Suite, Apt. #		Suite, Apt. #, etc.	į		909262005 <sup>4</sup>	PEN P	**CR2E098 (6/	/04)	JA-06	
Gity & State	,	Clermont,	FL		4. FEI Numbe	3112166		<del></del>	olied For	
	nont, h	Zip.	Country	1	1.75	of Status Desired	\$8.75	_	Applicable	
Zip 34-	// USA	34711	<u>usa</u>	/		Address of New Re	Fee Re			
	6. Name and Address of Current F	registered Agent	Name	— <del>\</del>	7. Name and	Address of New Ne	Jistereu Agent			
	GEORGE E III IICOLE LANE APT 203		Street A	ddress (l	P.O. Box Numbe	er is Not Acceptable),	00			
WINTER SPRINGS, FL 32708						ugano (	Durt	——		
			City();	• • •	0 - 4-		FL Zig	Code		
A The above	named entity submits this statement for	the numose of changing is re-		<u>erm</u>	ONT	h, in the State of Flori		3/1 with :	711 and accept	
	ons of registered agent.		g.0.0/04 0.1100 0.	- og loto:	30 ago: (() 31 ao	_			o doodp.	
SIGNATURE_	Juny 1	laga			***************************************	7.	25-05 DATE	<b>&gt;</b>		
	Signature, typed exprinted name of registered agent as	no title il applicable. (NOTE: F	Registered Agent signs	iture requir	ed when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 uary 1, 2006, Fee will be \$300.00	D				In accordance wi corporation did n				
10.	OFFICERS AND I	DIRECTORS	11.			CHANGES TO OFFIC	CERS AND DIREC	TORS	IN 11	
TITLE		☐ Delete	TITLE		sident	ALION T	☐ Ch	ange	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	105	JI VIA I	aylor, II. Jugano Co	urt			
CITY-ST-ZIP			CITY-ST-ZIP		mont,		711			
TITLE NAME		☐ Delete	TITLE NAME				Ch	•	Addition	
STREET ADDRESS			STREET ADDRESS		<b>三月</b> 10703	<b>DDD601</b> 8/0501070	.9001: 007 **	300	on	
CITY-ST-ZIP			CITY-ST-ZIP	ļ	1000.	3,02 01010				
TITLE NAME		L_J Delete	TITLE NAME				Ch	_	☐ Addition	
STREET ADDRESS			STREET ADDRESS	  - <u>-</u> -	三! 一一心之 / h!			∃ 158.	75	
TITLE		☐ Delete	TITLE	ļ	007.1	<u> </u>			Addition	
NAME			NAME				_	٠	_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
FITLE		☐ Delete	TITLE	<del> </del>	•		☐ Ch	ange	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE		<u></u>		☐ Ch	iange	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	İ						
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>		O. E				
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or frustee empor or on an attachment with an address, v	true and accurate and that my owered to execute this report as	r simatura shall h	have the	same legal elter	ct as if made under o	ath: that I am an d	officer	or director 1	
		, and one of the disposer of t				9-7	<b>イ</b> – ひく	-		
SIGNAT	URE: SIGNATURE AND PIPED OR P	PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR			Date	5 - 05 Dayline Pt	hone #		

## NAMS

Voice (407) 869-5766 Fax (407) 869-5207

nams@namsinc.net

Accounting
Bookkeeping
Tax Preparation
Consulting
Tax Planning
Taxpayer Representation

Incorporation Service

Certified QuickBooks<sup>™</sup> Professional Advisor

Investments \*

Mutual Funds \*
Annuities \*

Retirement Plans I.R.A. SEP 401-K Rollovers

Health Insurance
Disability Insurance
Life Insurance
Long Term Care Insurance

\* Securities and investment advisory services offered through a registered representative of ING Financial Partners. Inc. 909 Locust Street Des Moines, IA 50309 (800) 356-2906 Member NASD SIPC

N.A.M.S. is not an affiliate or subsidiary of ING Financial Partners, Inc.



## National Accounting & Management Services, Inc.

841 Douglas Ave. Suite 150 Altamonte Springs, FL 32714

May 18, 2006

Florida Department of State Division of Corporations – Reinstatement Department PO Box 6327 Tallahassee, FL 32314

> RE: P03000045601 BBG-Mattress Market, Inc.

To Whom It May Concern:

Attached is an application for reinstatement for the above client. A reinstatement has been requested because the first year the client was required to file an annual report the notice to file went to the wrong address and the client was not alerted. This oversight went unnoticed until the fall of 2005 when the client tried to correct the situation by completing and filing the reinstatement application with the \$300.00 fee for 2004 & 2005. The filing was not accepted because the filing fee check was miscoded as being \$150.00 instead of \$300.00. Upon receiving the notice of discrepancy in payment from your office our client has been looking through his records to verify the check was deposited and in the amount of \$300.00. Recently we called and spoke with Michelle, the supervisor for the division of reinstatement and was told that the system does show receiving payment for \$300.00 and to resubmit this application.

The deadline to file the 2006 annual report passed while trying to clear up this matter and so enclosed is a check for \$150.00 as instructed by Michelle to be applied to the 2006 annual report.

We appreciate your attention in reinstating the corporation. If you have any questions or need further information please contact my office at your earliest convenience.

Sincerely,

laura@namsinc.net

attachments: Application for Reinstatement

Copy of Letter from Florida Dept of State

cc: BBG-Mattress Market, Inc.