2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000105793

Entity Name: INTEGRATED SLEEP RESOURCES, INC

FILED Nov 11, 2013 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6973 HIGHWAY AVE SUITE 208 JACKSONVILLE, FL 32254

Current Mailing Address: New Mailing Address:

P.O. BOX 2426 6973 HIGHWAY AVE ORANGE PARK, FL 32067 SUITE 208

JACKSONVILLE, FL 32254

FEI Number: 26-0076261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MUYRES, DAVID J
2412 STOCKTON DRIVE
FLEMING ISLAND, FL 32003 US

BLOSSER, JOHN M VP
6973 HIGHWAY AVE.
SUITE 208

JACKSONVILLE, FL 32254 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN M. BLOSSER 11/11/2013

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MR

Name: BLOSSER, JOHN M VP Address: 6973 HIGHWAY AVE.

City-St-Zip: JACKSONVILLE, FL 32254 US

Title: MR

Name: RUNNELLS, DAVAGE VP Address: 6973 HIGHWAY AVE.

City-St-Zip: JACKSONVILLE, FL 32254 US

Title: MR

Name: BARRETT, MITCHELL C PRES Address: 6973 HIGHWAY AVE.

City-St-Zip: JACKSONVILLE, FL 32254 US

Title: DR

Name: STORY, JOE SEC Address: 6973 HIGHWAY AVE.

City-St-Zip: JACKSONVILLE, FL 32254 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M. BLOSSER VP 11/11/2013