

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000173233

**FILED**  
**Nov 02, 2009**  
**Secretary of State**

**Entity Name:** WHOLESAL SLEEP CENTERS INC

**Current Principal Place of Business:**

1274 E NORVELL BRYANT HWY  
HERNANDO, FL 34442

**New Principal Place of Business:**

1298 E NORVELL BRYANT HWY  
HERNANDO, FL 34442

**Current Mailing Address:**

PO BOX 1541  
HERNANDO, FL 34442

**New Mailing Address:**

**FEI Number:** 20-2068984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUTEAU, MARIA R  
916 US HWY 41 SOUTH  
INVERNESS, FL 34450 US

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

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: MARIAR R DUTEAU

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P T ( ) Delete  
Name: CALCAGNI, EDWARD J  
Address: 1274 E NORVELL BRYANT HWY  
City-St-Zip: INVERNESS, FL 34442

Title: S VP ( ) Delete  
Name: CALCAGNI, CHRISTINE  
Address: 1274 E NORVELL BRYANT HWY  
City-St-Zip: HERNANDO, FL 34442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P T (X) Change ( ) Addition  
Name: CALCAGNI, EDWARD J  
Address: 1298 E NORVELL BRYANT HWY  
City-St-Zip: INVERNESS, FL 34442

Title: S VP (X) Change ( ) Addition  
Name: CALCAGNI, CHRISTINE  
Address: 1298 E NORVELL BRYANT HWY  
City-St-Zip: HERNANDO, FL 34442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDWARD J CALCAGNI II

PT

11/02/2009

Electronic Signature of Signing Officer or Director

Date