

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000173233

FILED
Nov 30, 2011
Secretary of State

Entity Name: WHOLESAL SLEEP CENTERS INC

Current Principal Place of Business:

1298 E NORVELL BRYANT HWY
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

1298 E NORVELL BRYANT HWY
HERNANDO, FL 34442

New Mailing Address:

P. O. BOX 1541
HERNANDO, FL 34442

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:

MARIA R. DUTEAU CPA, INC
916 US HWY 41 SOUTH
INVERNESS, FL 34450 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: BRENN A RAMOS

11/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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: EDWARD J. CALCAGNI

PRES

11/30/2011

Electronic Signature of Signing Officer or Director

Date