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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

10 APR 20 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000131123

1. Corporation Name

Southern Dreams Bedding, Inc.

2. Principal Office Address - No P.O. Box #

14851 NW 27th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

14851 NW 27th Avenue

Suite, Apt. #, etc.

City & State

Opa Locka, Florida

City & State

Opa Locka, Florida

Zip

33054

Country

Zip

33054

Country

000178530560
04/20/10--01016--003 **1050.00
REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida **9/23/2005**

5. FEI Number **203661416** Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Ronnie Ford (Assistant) of **NRAI Services, Inc**

Date **April 19, 2010**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	John Price	5071 Turnberry Place	Monroe, Georgia 30656
Chief Fin. Off.	Ronnie Ford	362 Industrial Park Drive	Lawrenceville, Georgia 30046
Secretary	Jon Kane	90 Cassie Walk Lane	Lawrenceville, Georgia 30045

10. E-mail Address: **rford@atlatt.com**

(To be used for future annual report notification)

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 filing 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Ronnie Ford

Ronnie Ford

3.30.10

770-963-7369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


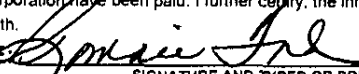
Date

Daytime Phone #

See page 2 for original signature

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