

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000053435

Entity Name: DR. SNOOZE INC.

FILED  
Oct 16, 2008  
Secretary of State

## Current Principal Place of Business:

47 SEYMOUR LANE  
MEDFORD, NY 11763

## New Principal Place of Business:

17950 S US HIGHWAY 441  
SUMMERFIELD, FL 34491

## Current Mailing Address:

47 SEYMOUR LANE  
MEDFORD, NY 11763

## New Mailing Address:

17950 S US HIGHWAY 441  
SUMMERFIELD, FL 34491

FEI Number: 26-0144465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMSARAN, SATESH  
14640 S.W. 46TH COURT  
OCALA, FL 34473 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: SATESH RAMSARAN

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: PRES ( ) Delete  
Name: RAMSARAN, SATESH  
Address: 47 SEYMOUR LANE  
City-St-Zip: MEDFORD, NY 11763

Title: TRES ( ) Delete  
Name: RAMSARAN, SATESH  
Address: 47 SEYMOUR LANE  
City-St-Zip: MEDFORD, NY 11763

Title: SECT ( ) Delete  
Name: RAMSARAN, SATESH  
Address: 47 SEYMOUR LANE  
City-St-Zip: MEDFORD, NY 11763

Title: DIR ( ) Delete  
Name: RAMSARAN, SATESH  
Address: 47 SEYMOUR LANE  
City-St-Zip: MEDFORD, NY 11763

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SATESH RAMSARAN

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10/16/2008

Electronic Signature of Signing Officer or Director

Date