

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P30366

1. Corporation Name

City Mattress, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

101 Benbro Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

101 Benbro Drive

Suite, Apt. #, etc.

City & State

Buffalo, NY

Zip

14225

Country

U.S.

City & State

Buffalo, NY

Zip

14225

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

7/19/1990

5. FEI Number

16-1048113

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 96-99

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Dir./ CEO	Jerome D. Schiller	6000 Pelican Bay Blvd.	Naples, FL 33963
Pres./ Tres.	Stephen J. Schiller	11819 Metro Parkway	Fort Myers, FL 33912
V.P./ Sec.	Marc D. Schiller	6141 Cypress Hollow	Naples, FL 34109

8. Name and Address of Current Registered Agent

Stephen J. Schiller  
6000 Pelican Bay Blvd.  
Naples, FL 33963

9. Name and Address of New Registered Agent

Name  
Stephen J. Schiller  
Street Address (P.O. Box Number is Not Acceptable)  
11819 Metro Parkway  
Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33912

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/24/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen J. Schiller, President

Date

Daytime Phone #