

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 APR 16 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P930000030126**

1. Corporation Name

Mundell Slumber Company, Inc.

2. Principal Office Address

150 153rd Avenue, Suite 203

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Madreia Beach, FL

City & State

Zip

Country

Zip

Country

33708

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-318-1254

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 94-01**

7. Name and Address of Current Registered Agent

Name

Rock O'Neal

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

150 153rd Avenue, Suite 203

Suite, Apt. #, Etc.

City

Madreia Beach

100004077341--4

-04/25/01--01084--003

\*\*\*1800.00 \*\*\*1800.00

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

*Rock O'Neal*

REGISTERED AGENT MUST SIGN

Date

4/10/01

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
PTSD	Dana Mundell	51 Main St.	Erin, Ontario, Canada NQB1T0

10. 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:

*Dana L Mundell*

DANA L MUNDELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-360-1414