

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000057038**

1. Corporation Name

SLEEPTECH ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5431 NW 15TH STREET
SUITE 7
MARGATE FL 33063
US

5431 NW 15TH STREET
SUITE 7
MARGATE FL 33063
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1993

5. FEI Number

65-0437177

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTSD	VASALLO, CLEMENTE A	3661 NW 124TH AVE #TE4D	CORAL SPRINGS FL 33065

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VASALLO, CLEMENTE A
5431 NW 15 STREET, #7
MARGATE FL 33063

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (7/03)

September 3, 2003

To Whom it May Concern:

Please be advised that due to an interruption in mail delivery as a result of a change in address we did not get our 2003 UBR in the mail until early August.

Please reference our old address as: 3661 Nw 124th Avenue #TE4D, Coral Springs, FL, 33065.
Our new address is: 5431 Nw 15th Street #7, Margate, FL, 33063.

Please accept our check for \$150.00 as payment in full for UBR 2003.

Thank you.
Clemente Vasallo, President

A handwritten signature in black ink, appearing to read 'C. Vasallo' with a stylized flourish at the end.