

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 19 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000075943**

1. Corporation Name

FLORIDA MATTRESS OUTLET, INC.

Principal Place of Business

Mailing Address

1888 MCKINLEY STREET
CLEARWATER FL 34625

1888 MCKINLEY STREET
CLEARWATER FL 34625

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

10/17/1994

5. FEI Number

59-3275572

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PO	BURKE, KELLY C	13618 MCINTOSH ROAD	THONOTOSAGA FL 33622
VO	BURKE, VERNON E	13618 MCINTOSH ROAD	THONOTOSAGA FL 33622
VD	PARKER, BEVERLY A	1888 MCKINLEY STREET	CLEARWATER FL 34625
PSTD	PARKER, WILLIAM L	1888 MCKINLEY STREET	CLEARWATER FL 34625
VD	PARKER, CHRISTOPHER L.	1888 MCKINLEY ST. CLEARWATER, FL 34625	34625
	000002011898-5 -11/22/96--01015--020 ***383.75 ***383.75		JB11-20-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~POWERS, JILL FISHER~~
~~677 EXECUTIVE CENTER DR. WEST~~
~~SUITE 303~~
~~ST. PETERSBURG FL 33702~~

Name **PARKER, WILLIAM L.**
Street Address (P.O. Box Number is Not Acceptable)
1888 MCKINLEY ST.
Suite, Apt. #, Etc.
City **CLEARWATER** State **FL** Zip Code **34625**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-14-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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:

WILLIAM L. PARKER
WILLIAM L. PARKER PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-96 813
Date Daytime Phone **780-7353**