

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94600078180

1. Corporation Name

Bedding Discounters, Inc.

2. Principal Office Address

286 N. Nova Road

Suite, Apt. #, etc.

3. Mailing Office Address

2106 Judith Place

Suite, Apt. #, etc.

City & State

Daytona Beach FL

Zip

32114

Country

USA

City & State

Longwood, FL

Zip

32779

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/94

5. FEI Number

59-3277818

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tammy Offenbacher

200004700632-3

-11/30/01--01055--024

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

1408 Ponce De Leon Blvd.

****300.00 ****300.00

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

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

Tammy D Offenbacher

REGISTERED AGENT MUST SIGN

Date 10-31-01

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

Pres Michael Woerber 2106 Judith Place Longwood, FL 32779

D Robert Johnson 831 S.E. 5th Ave. Pompano Bch, FL

D Clarence Johnson 14154 Aster Ave. W. Palm Bch, FL

02-01 UBRZ: 118

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:

Michael Woerber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/01

Date

407-333-3822

Daytime Phone #

CR2E081 (9/00)

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To: Corporation Reinstatement
Re: Bedding Discounters, Inc.

I have just found out from the State that the above entity is inactive and needs to be re-instated. I am asking that the penalty fee be waived as I never received the annual report and was told that it was returned to the State.

Sincerely,
Sammy D. Offenbacher

407-366-7267