

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 DEC -9 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000097617

1. Corporation Name

SAW MATTRESS, INC.

Principal Place of Business

11655 BEACH BLVD.
JACKSONVILLE FL 32246

Mailing Address

11655 BEACH BLVD.
JACKSONVILLE FL 32246



REINSTATEMENT *al*

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/21/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3350969	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	JOHNSON, WAYNE	11655 BEACH BLVD.	JACKSONVILLE FL 32246

700002026217--9
-12/11/96-01068-006
***375.00 ***375.00

WB-9-96

8. Name and Address of Current Registered Agent

~~SHIRLEY JAMES M~~
~~1105 WORTH FORD AVENUE~~
~~JANNA FL 32609~~
~~JANNA FL 32609~~

9. Name and Address of New Registered Agent

Name
DANIEL D. AKEL, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
One Independent Drive,
Suite, Apt. #, Etc.
Suite 2301
City
Jacksonville, State
FL Zip Code
32202

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

Daniel D. Akel
REGISTERED AGENT MUST SIGN

Date 12/16/96

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)(l), 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:

Wayne Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 12-6-96
Daytime Phone # (904) 691-2737