

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

99-001R

FILED

00 JUN 20 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000014448**

1. Corporation Name

BEDSPREADS "R" US, INC.

2. Principal Office Address

4110 ENTERPRISE AVE

Suite, Apt. #, etc.

203 & #204

City & State

Naples, FL.

Zip

34104

Country

U.S.

3. Mailing Office Address

same as principal

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified To Do Business in Florida

2/1998

5. FEI Number

59-3494-116

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

Lisette Santos

100003321741-4

-07/13/00--01012--0.6

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

2150 ARIELLE DR.

*****300.00 ***300.00**

Suite, Apt. #, Etc.

505

City

Naples

State

FL

Zip Code

34109

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

Lisette Santos
REGISTERED AGENT MUST SIGN

Date

6/14/00

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
P.	Lisette Santos	2150 Arielle Dr	Naples, FL. 34109
VP	Miriam Santos	2150 Arielle Dr #505	Naples, FL. 34109
D	Gus Santos JR.	5010 Cedar Springs Dr #102	Naples, FL. 34110
			LS

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:

Lisette Santos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/00
Date

(941) 793-4889
Daytime Phone #

CR2E081 (9/99)