

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 10 AM 9 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000021526

1. Corporation Name

American International Mattress Company

2. Principal Office Address

500 S. Falkenburg Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

500 S. Falkenburg Rd.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33619

Country

USA

Zip

33619

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/6/1998

5. FEI Number

593497326

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

Steven Antinori

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

500 S. Falkenburg Rd

Suite, Apt. #, Etc.

City

Tampa,

400040021074  
08/10/04--01005--004 \*\*1058.75

State

FL

Zip Code

33619

8. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

8/6/04

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
D	Santino Antinori	500 S. Falkenburg Rd.	Tampa, Florida 33619
D	Lutricia Antinori	500 S. Falkenburg Rd.	Tampa, Florida 33619

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:

Lutricia Antinori  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-6-04

Daytime Phone #

CR2E081 (01/04)