

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherin Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 APR 26 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P9800003226.2**

**1. Corporation Name**

**Blue Wave Bedding INC**

**2. Principal Office Address**

**125-C Industrial Loop**  
Suite, Apt. #, etc.

**3. Mailing Office Address:**

**P.O. Box 115**  
Suite, Apt. #, etc.

**City & State**

**Orange Park, FL**

Zip Country

**32073 USA**

**City & State**

**Orange Park FL**

Zip Country

**32067 USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**April '1998'**

**5. FEI Number**

**593501154**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

**VICKIE CORBITT**

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

**125 Industrial Loop**

**Suite, Apt. #, Etc.**

**Suite C**

**City**

**Orange Park**

**100004212311-6**

**05/11/01-01038-024**

**\*\*\*1058.75 \*\*\*1058.75**

**State**

**FL**

**Zip Code**

**32073**

**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

**Vickie Corbett**

Date **04-23-01**

REGISTERED AGENT MUST SIGN

**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	VICKIE CORBITT	1963 Oak Twist Ct.	Orange Park, FL 32073

**RECEIVED 99-01 18**

**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:**

**Vickie Corbett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-23-01**

Date

**904 610-7339**

Daytime Phone #

CR2E081 (9/99)