

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 DEC -6 PM 12: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000099506

1. Corporation Name

Sleep Products of America, Inc.

Principal Place of Business

240 N. Washington Blvd.
Suite 200
Sarasota, FL 34236

Mailing Address

240 N. Washington Blvd.
Suite 200
Sarasota, FL 34236

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/98

5. FEI Number

65-0879236

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	Tyrone D'Arville	1520 A North Gate Blvd.	Sarasota, FL 34234
COO/VP T/S	Michael J. Creswell	5889 Airport Road, Suite 204	Port Orange, FL 32124

300003521723-8
-01/03/01--01037--001
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Lee V. Richard
240 N. Washington Blvd.
Suite 200
Sarasota, FL 34236

9. Name and Address of New Registered Agent

Name
Palmetto Charter Services, Inc
Street Address (P.O. Box Number is Not Acceptable)
150 Magnolia Ave.
Suite, Apt. #, Etc.
City
Daytona Beach
State
FL
Zip Code
32114

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

REGISTERED AGENT MUST SIGN

Date

12/5/00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tyrone D'Arville, President

Date

Daytime Phone #

November 29, 2000

12/6