FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S37392

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-04/11/00--01038--014
****908.75 ****308.75

1. Corporation Name
Universal Mattress Corporation

REINSTATEMENT 99-00

2. Principal Office Address	3. Mailing Office Address
18612 N.W. 48 Ave	6600 N.W. 72 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fla	City & State: Miami Fla.
Zip: 33055 County: Dade	Zip: 33166 County: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 03/19/91

5. FEI Number: 65-0246895 ☐ 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: Avelino A. Vega

Street Address (P.O. Box Number is Not Acceptable): 6760 N.W. 175 LN

Suite, Apt. #, Etc.: Suite 10-I

City: Miami Lakes | State: FL | Zip Code: 33015

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: _____ Date: 3/16/00
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.	Avelino A. Vega	6760 N.W. 175 LN # 101	Miami Lakes, Fla. 33015
Sec.	Avelino A. Vega	6760 N.W. 175 LN # 101	Miami Lakes Fla. 33015

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: _____ 3/16/00 (786) 367.0415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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