

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 SEP 29 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L0400008802

1. Limited Liability Company's Name

SLAMIN GEAR, LLC

800080308118  
09/29/06--01054--008 \*\*100.00  
CR2E041 (8/05)

2. Principal Office Address

8868 STONE HARBOUR LOOP

Suite, Apt. #, etc.

3. Mailing Office Address

8868 STONE HARBOUR LOOP

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON FL

Zip

34202

Country

USA

Zip

34202

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

2/02/2004

6. FEI Number

200682524

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

THOMAS WILSON

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

8868 STONE HARBOUR LOOP

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34202

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Thomas Wilson

REGISTERED AGENT MUST SIGN

Date 9/28/2006

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	THOMAS WILSON	8868 STONE HARBOUR LOOP	BRADENTON / FL / 34202

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Thomas Wilson

Date 9/28/2006

Daytime Phone # 941-773-7448

Typed or printed name of signing Managing Member/Manager

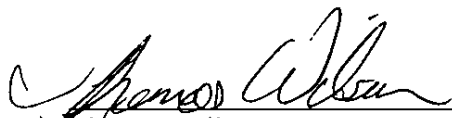
THOMAS WILSON

September 28, 2006

Thomas Wilson  
8868 Stone Harbour Loop  
Bradenton, FL 34202

Ms. Neysa Culligan,

I did not receive prior notice of the administration dissolution of my LLC.

  
Thomas Wilson