PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 24 PM 12:44

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100188089971

CR2E041 (05/10)

DOCUMENT # L09000050331

1. Limited Liability Company's Name

THOMPSON'S CLEAN SLATE, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4272 REDONDA LANE	4272 REDONDA LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34119 Country: US	Zip: 34119 Country: US

4. State/Country of Formation: FL/ US

5. Date Organized or Qualified To Do Business in Florida: 05/22/2009

6. FEI Number: [ ] Applied For [X] 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number Is Not Acceptable): 1201 HAYS ST

Suite, Apt. #, Etc.

City: TALLAHASSEE State: FL Zip Code: 32301

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: Lamont W. Jones, Assistant VP Date: 11/23/10

REGISTERED AGENT MUST SIGN

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	CHESTER E. THOMPSON	4272 REDONDA LANE	NAPLES FL 34119

REINSTATEMENT 2010

11. E-mail Address: [redacted] (To be used for future annual report notifications) chiefthompson47@gmail.com

12. 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: [signature] Date: 11/17/2010 Daytime Phone #: 239-594-0824

Typed or printed name of signing Managing Member/Manager: CHESTER E. THOMPSON

CSC.
CORPORATION SERVICE COMPANY

L09000050331

ACCOUNT NO. : I20000000195

REFERENCE : 587359 7707878

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 238.75

FILED
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DIVISION OF CORPORATIONS
10 NOV 24 PM 12:44

ORDER DATE : November 24, 2010

ORDER TIME : 8:30 AM

ORDER NO. : 587359-005

CUSTOMER NO: 7707878

DOMESTIC FILINGS

NAME: THOMPSON'S CLEAN SLATE, LLC

RECEIVED
10 NOV 24 AM 10:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS MK