PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

13 JAN 18 AM 11:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L11-10242

1. Limited Liability Company's Name

Slush Girl's magazine LLC

REINSTATEMENT 12-13

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

410 Victory ponds

Suite, Apt. #, etc.
apt. 177

City & State
Tallahassee Flers'

Zip
3-73c1

Country
Leon

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Zip
323.

Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

	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
Jacqueline Wright

Street Address (P.O. Box Number is Not Acceptable)
410 Victory Garden DR #177

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

E-mail Address:

9002438080 19
01/18/13--01002--020 **188.39

(To be used for future annual report notices)

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 _____   REGISTERED AGENT MUST SIGN   Date 1-18-13

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
	Owner		
MGR	Jacqueline Wright	410 Victory Garden DR #177	
		9002438080 19 01/18/13--01002--021 **188.59	

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 1-18-13 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____