L16000183089

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000183089

1. Limited Liability Company's Name
SLIM MARGINS L.L.C.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
737 Pinellas Bayway S #308	737 Pinellas Bayway S #308
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33715 / Country: USA	Zip: 33715 / Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/07/2016

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

20B3443A3872

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite:
1201 Hays Street

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 605, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Dan Storlien	737 Pinellas Bayway S #308	St. Petersburg, FL 33715

FILED
2020 MAY -6 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: Dan Storlien Date: 4/24/20 Daytime Phone # _____

Typed or printed name of signing authorized representative/member: Dan Storlien, Member

FILE 1ST

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

RESUBMIT
Please give original submission date as file date.
* Attn: Y. Sulker *

ACCOUNT NO. : I20000000195

REFERENCE : 261046 8305491

AUTHORIZATION : [signature]

COST LIMIT : $ 655.00

ORDER DATE : April 14, 2020

ORDER TIME : 3:34 PM

ORDER NO. : 261046-001

CUSTOMER NO: 8305491

DOMESTIC FILINGS

NAME: SLIM MARGINS GROUP L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Kadesha Roberson - Ext# 62980

EXAMINER'S INITIALS _____

FILED
2020 APR 15 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA