

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 24 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000088317

1. Corporation Name

Slingstupper Inc

2. Principal Office Address

401 E. Las Olas Blvd

Suite, Apt. #, etc.

#130

City & State

Ft. Lauderdale, FL

Zip

33301

Country

Broward

3. Mailing Office Address

401 E. Las Olas Blvd

Suite, Apt. #, etc.

#130

City & State

Ft. Lauderdale, FL

Zip

33301

Country

Broward

REINSTATEMENT 04

08/06/04 90003 019 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/2003

5. FEI Number

35-2212154

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

Paul Tobin

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

401 E. Las Olas Blvd #130

Suite, Apt. #, Etc.

#130

City

Ft. Lauderdale

State

FL

Zip Code

33301

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

[Signature]

Date 11/15/07

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
P	Paul Tobin	401 E. Las Olas Blvd #130	Ft. Lauderdale FL 33301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/07

Date

954-385-1374

Daytime Phone #

CR2E001 (01/04)

Please reinstate
news received Annual
Report. The state already
has the \$150 fee

Thank you.
