

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P95000065188 **DOCUMENT #**

1. Corporation Name

SLIM'S ADVENTURES INC.

Principal Place of Business

Mailing Address

6708 GULF BLVD ST PETE BEACH FL 33706

6708 GULF BLVD ST PETE BEACH FL 33706

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SECRETARY OF STATE FALLAHASSEE. FLORIDA



See 1. Name and Address of Current Registered Aquest B. Name and Address of Current Registered	uite, Apt.		Address, If Applicable		ling Office Address	s, it Applicable	Date Incor To Do Bus	porated or Qualific iness in Florida		/22/1995	
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being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. atture of stered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Must sign 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 filling word by the corporation have been paid and the names of individuals itseled on this form do not qualify for an exemption under section 507.0401 or 617.0401, F.S. that all fees in this application is true and accurate, and my signature shall have the same legal effect as if made under oath. NATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Pinces # Day	OI FE	TE DEACH F	L 33/06				tc.				
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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 his 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 wood 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 in this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # To Whom It May Concerns O0025997 AF A May Perman Thus Notice by The majet as their carries of the concerns of the co	ature or			above named corpo		with and accept the	obligations of Section	on 607.0505, F.S.	<u> F L </u>	,	
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