

FOR



Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 5:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000065188

1. Corporation Name

SLIM'S ADVENTURES INC.

Principal Place of Business

Mailing Address

6708 GULF BLVD  
ST PETE BEACH FL 337066708 GULF BLVD  
ST PETE BEACH FL 33706

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

P.O. Box 66361

ST. PETE BEACH

FLA.

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/1995

5. FEI Number

59-3336450

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GILLEN, KIM	6708 GULF BLVD	ST PETE BEACH FL 33706

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\*\*\*\*158.75 \*\*\*\*158.75

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GILLEN, KIM

6708 GULF BLVD  
ST PETE BEACH FL 33706

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/12/00

11. 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

10/12/00

727-468-4415

Date

Daytime Phone #

0062987 AF

To Whom It May Concern:

I just received this notice by the mail at this time, this was the only notice that I have received this year on this. So I called 850-487-6096 and talked to a person named Stacey and she