

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000078959**

1. Limited Liability Company's Name

Columbus Equity Group, LLC

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

3137 Shipwatch Drive

Suite, Apt. #, etc.

City & State

Holiday, FL

Zip

34691

Country

USA

3. Mailing Office Address

3137 Shipwatch Drive

Suite, Apt. #, etc.

City & State

Holiday, FL

Zip

34691

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/1/2005

6. FEI Number

56-2526803

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

David E Figueroa

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

3137 Shipwatch Drive

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34691

800267890918
12/31/14--01015--003 **238.75

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

REGISTERED AGENT MUST SIGN

Date

12/29/14

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
MGRM	David E Figueroa	3137 Shipwatch Drive	Holiday, FL 34691

REINSTATEMENT

2014

S. HAWKES

DEC 31 A.M.

EXAMINER

11. E-mail Address: cuchfia@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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 12/29/2014

Daytime Phone # 727-430-6655

Typed or printed name of signing Authorized Representative/Manager David E Figueroa