

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2015 DEC 30 PM 2:16

CLERK OF COURT  
JAILANASSEE, FLORIDA

DEC 30 2015

L BERGER

CR2E041 (1/14)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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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.

3. Mailing Office Address

3137 Shipwatch Drive

Suite, Apt. #, etc.

City & State

Holiday, FL

City & State

Holiday, FL

Zip

34691

Country

USA

Zip

34691

Country

USA

8. Name and Address of Current Registered Agent

Name

David E Figueroa

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

3137 Shipwatch Drive

Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34691

4. State/Country of Formation

FL USA

5. Date Organized or Qualified  
To Do Business in Florida

08/11/2005

6. FEI Number

56-2526803

Applied For

Not Applicable

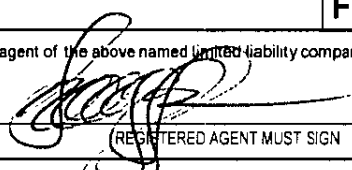
7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

000280485280  
12/30/15--01004--016 \*\*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 12/28/2015

10. Names and Street Addresses of Authorized Representatives/Managers

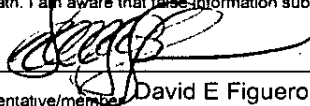
Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	David E Figueroa	3137 Shipwatch Drive	Holiday, FL 34691
REINSTATEMENT			
2015			

11. E-mail Address cuchfig@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



Date

12/28/2015

Daytime Phone #

727-430-6655

Typed or printed name of signing authorized representative/member David E Figueroa