

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 DEC -9 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
900137601879  
11/04/08--01010--012 \*\*138.75

**DOCUMENT # L06000087689**

1. Limited Liability Company's Name

Orion Equity Investment Group, LLC

CR2E041 (10/08)

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

3713 N Campbell Rd

Suite, Apt. #, etc.

City & State

Las Vegas, NV

Zip

89129

Country

USA

3. Mailing Office Address

3713 N Campbell Rd

Suite, Apt. #, etc.

City & State

Las Vegas, NV

Zip

89129

Country

USA

4. State/Country of Formation  
Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida 09/07/06

6. FEI Number  
20-5512819

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Valerie Insinger

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

3031 Andover Court

Suite, Apt. #, Etc.

City

Mount Dora

State

FL

Zip Code

32757

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Valerie Insinger*

Date 10/06/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Mitchell W. Polun	3713 N Campbell Rd	Las Vegas, NV 89129
MGR	Barbara J. Polun	3713 N Campbell Rd	Las Vegas, NV 89129

200138438402  
12/04/08--01027--002 \*\*138.75

REINSTATEMENT 07-08

11. I certify that I am managing member/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 608.406, 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.

Signature of

Managing Member/Manager

*Barbara Polun*

Date 10/06/08

Daytime Phone # (702) 233-4203

Typed or printed name of signing Managing Member/Manager Barbara Polun