PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CC	D LIABILITY DMPANY STATEMENT	s	DEPARTM Secretary of SION OF COR			<u> બર્</u> યું સ	7	
DOCUMENT # L09000 101721						in i	MAR N	
1. Limited Liability Company's Name						ू था। इंट्र	1 17	
Collegiate Marketing Group, LLC							or inter	
-	-					() 고 고 고 CR2E041 (1714)	AMII: 30	
	Office Address - No P.O. Box #	_	3. Mailing Office Address			Division (man)	" ° —	
	ite Cap Way	20 Danada Square West			4. State/Country of Formation			
Suite, Apt. #,	etc.	Suite, Apt. #, etc. Suite 240			Florida/USA 5. Date Organized or Qualified			
City 9 Ctate		City & State			To Do Business in Florida 10/21/2009			
City & State Panama	a City Beach, Florida				6. FEI Number		Applied For	
Zip Country		· · · · · · · · · · · · · · · · · · ·		Country	271164394 Not Applicable			
32407	USA	60189	L	JSA	7. CERTIFICATE OF		0 Additional Fee required or a Certificate of Status	
	8. Name and Address	of Current Regi	stered Agent					
Name Channel December								
Shannon Posavad Street Address (P.O. Box Number is Not Acceptable)								
112 White Cap Way						000257476256		
Suite, Apt. #, Etc.					000257476350 03/05/1401003017 **853.75			
Panama City Beach State Zip Code FL 32407								
9. I, being	appointed the registered agent of the at	xove named limite	ed liability com	ipany, am familiar with ar	nd accept the obliga	tions of Chapter 605, F.S.		
Signature of Registered Agent						Date_Much 4/14		
	F	REGISTERED AC	SENT MUST S	SIGN			,	
10. Name	s and Street Addresses of Authorized R	epresentatives/M	lanagers					
Titles	Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager			City / State / Zip		
MGRM	Shannon Posavad		210 Tierra Verde Lane			Panama City Beac	h,Florida, 32407	
MGRM	Steve Cox		20 Danada Square West, Suite 240		Wheaton, Illi	nois,60189		
	***		•	,,,				
	DETECTATION					MAR - 5 2019		
REINSTATEME					T. HAMPTON			
	2010-2	014				, Lacuvi		
11. E-mail Address: shannon@collegiatemarketinggroup.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 March 4th, 2014 Daytime Phone # 630-217-8786								

Typed or printed name of signing Authorized Representative/Manager Shannon Posavad