

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 JAN -8 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000011138

1. Limited Liability Company's Name

Fusion Investment Advisors LLC

2. Principal Office Address - No P.O. Box # 870 S. Denton Tap Rd.		3. Mailing Office Address 870 S. Denton Tap Rd.	
Suite, Apt. #, etc. Suite 250		Suite, Apt. #, etc. Suite 250	
City & State Coppell, Texas		City & State Coppell, Texas	
Zip 75019	Country USA	Zip 75019	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 01/26/2011	
6. FEI Number 27-4762004	Applied For ☐ Not Applicable ☐
7. CERTIFICATE OF STATUS DESIRED ☒	

8. Name and Address of Current Registered Agent

Name Chris Horvath	
Street Address (P.O. Box Number is Not Acceptable) Suite, 1103 Thornwood Drive	
Apt. #, Etc.	
City Oldsmar	State FL Zip Code 34677

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300280809813

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

1/7/16

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
MGR	Ryan Borer	8370 W. Hillsborough Ave., Suite 102	Tampa, FL 33615
MGR	Rick Barnett	8370 W. Hillsborough Ave., Suite 102	Tampa, FL 33615
MGR	Chris Horvath	8370 W. Hillsborough Ave., Suite 102	Tampa, FL 33615
MGR	Anthony Apollaro, Jr.	870 S. Denton Tap Rd., Suite 2	Coppell, TX 75019
MGR	Robert Pulja	8370 W. Hillsborough Ave., Suite 102	Tampa, FL 33615
AMBR	Partners Advantage Services	4204 Riverwalk Pkwy., Suite 300	Riverside, CA 92505

11. E-mail Address: rjb@fusioncm.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 805, 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 805.0012, 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

[Signature]
RYAN BORER

Date

1/7/16

Daytime Phone #

(866) 254-4235

Typed or printed name of signing authorized representative/member

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/8/16

NAME: FUSION INVESTMENT ADVISORS LLC

TYPE OF FILING: REINSTATEMENT

COST:

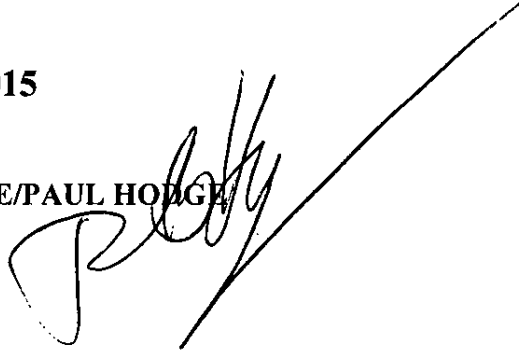
~~407.50~~

382.50

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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16 JAN - 8 PM 12:06
TALLAHASSEE, FLORIDA