PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
16 JAN -8 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000011138

1. Limited Liability Company's Name
Fusion Investment Advisors LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
870 S. Denton Tap Rd.		870 S. Denton Tap Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
Suite 250		Suite 250	
City & State		City & State	
Coppell, Texas		Coppell, Texas	
Zip	Country	Zip	Country
75019	USA	75019	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	State	Zip Code
Oldsmar	FL	34677

e
300258809813

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 _____ Date 1/7/16
REGISTERED AGENT MUST SIGN

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 Pujia	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 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 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 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 1/7/16 Daytime Phone # (866) 254-4235

Typed or printed name of signing authorized representative/member RYAN BORER

S HAWKES
JAN 8 AM
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**

RECEIVED
16 JAN -8 PM 12:06
TALLAHASSEE, FLORIDA

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**