

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L18000047105**

Limited Liability Company's Name

**COLUMBIA SILVER INVESTMENTS LLC**

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

**801 S MIAMI AVE**

Apt #, etc

**UNIT 5010**

State

**MIAMI FLORIDA**

**33130**

Country

**EEUU**

3. Mailing Office Address

**801 S MIAMI AVE**

Suite Apt # etc

**UNIT 5010**

City & State

**MIAMI FLORIDA**

Zip

**33130**

Country

**EEUU**

8. Name and Address of Current Registered Agent

**EDUARDO KALB**

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

**20900 NE 30th AVE**

Apt # Etc.

**SUITE 703**

**AVENTURA**

State

**FL**

Zip Code

**33180**

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 **EDUARDO KALB**

Date **02/21/2020**

REGISTERED AGENT MUST SIGN

Names and Street Addresses of Authorized Representatives/Managers

Index	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
1	<b>LAURA Sofia Medina</b>	<b>1910 NW 168th AVE</b>	<b>Miami, Florida 33028</b>

E-mail Address

(To be used for future annual report notifications)

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 6001.2, 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 has 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

**LAURA Sofia Medina**

Date **02/21/2020**

Daytime Phone #

**954-8054536**

Printed name of signing authorized representative/member

**LAURA SOFIA MEDINA**

FILED

2020 FEB 28 PM 3:07

DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

**000341458880**  
**02/23/20--01017--1104 \*9577.50**  
**CR2E041(1114)**

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required for a certificate of status**

**T-MOORE**  
**02/22/2020**  
**OK TO FILE**  
**per [signature]**