

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 203000019691

1. Limited Liability Company's Name

Financial Advisors of Florida, LLC

FILED

2005 OCT 17 P 4: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

2. Principal Office Address

3905 El Rey Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

3905 El Rey Rd.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

June - 2003

6. FEI Number

54-2112205

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Orlando FL

Zip

32808

Country

USA

City & State

Orlando FL

Zip

32808

Country

USA

8. Name and Address of Current Registered Agent

Name

James C. Hardman

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

3905 El Rey Rd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

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

[Signature]

Date 10/14/05

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. | Robert A. Schaffer | 3905 El Rey Rd. | Orlando FL 32808 |
| MGR. | James C. Hardman | 3905 El Rey Rd. | Orlando FL 32808 |
| | | | 600060688806 10/17/05--01073--004 **200.00 |
| | | | REINSTATEMENT 04-05 |
| | | | |
| | | | |

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

[Signature]

Date 10/14/05

Daytime Phone # 407-298-2982

Typed or printed name of signing Managing Member/Manager

K302