

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 28 AM 10:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (10/08)

DOCUMENT # L03000036588
1. Limited Liability Company's Name
Norado Financial, LLC

2. Principal Office Address - No P.O. Box # 128 County Farm Road Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 187 Suite, Apt. #, etc.	
City & State London, KY		City & State London, KY	
Zip 40741	Country USA	Zip 40743	Country USA

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 09/25/2003	
6. FEI Number 200257376	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$2.00 additional fee per year for Certificate of Status</small>	

8. Name and Address of Current Registered Agent
Name: SHIRLAN RYMER
Street Address (P.O. Box Number is Not Acceptable): 9665 LAKE SEMINOLE DR. E.
Suite, Apt. #, Etc.
City: LARGO
State: FL
Zip Code: 33773

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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: *Shirlan Rymer*
Date: 2/10/09
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Margm Robert Griffin	128 County Farm Road	London, KY 40744
300158507398 05/28/09--01008--025 **\$16.25			
REINSTATEMENT 07-09			

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: *Robert Griffin*
Date: 02-26-09 Daytime Phone #: (606) 682-4914
Typed or printed name of signing Managing Member/Manager: Robert Griffin

N. Griffin MAY 28 2009