

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:17

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000000324

1. Limited Liability Company's Name

Orion Financial L. C.
732 Highway 98 East
Destin FL 32541

2. Principal Office Address

732 Highway 98 East

Suite, Apt. #, etc.

City & State

Destin, Florida

Zip
32541

Country
USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified
To Do Business in Florida 01/20/99

6. FEI Number
63-1242330

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Clinton Tarkoe

Street Address (P.O. Box Number is Not Acceptable)
4840 NE 28th Avenue

Suite, Apt. #, Etc.

City
Fort Lauderdale, FL

State Zip Code
FL 33308-4825

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

Clinton Tarkoe
REGISTERED AGENT MUST SIGN

Date 3/28/06

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
MGRM	Clifford Foster III	732 Highway 98 East	Destin, Florida 32541
			100070433661 04/14/06--01019--017 **450.00

REINSTATEMENT 2000-06

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

Clifford Foster III

Date 4/2/06

Daytime Phone# 850-225-8014

Typed or printed name of signing Managing Member/Manager Clifford Foster III