

140200001142
PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -2 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001142

1. Limited Liability Company's Name

Financial Advisors Network, LLC

000028056200
02/02/04--01090--010 **200.00

2. Principal Office Address

3261 US Hwy 441/27 North

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 235

City & State

Fruitland Park, FL

City & State

Zip

34731

Country

USA

Zip

Country

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

4/26/2002

6. FEI Number

593723678

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

Duane Bishoff, CPA

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

3409 West Fletcher Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

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

Duane B. Bishoff CM

Date

1/12/04

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
<i>MC&M</i>	Amy Roy-Haeger	3261 US Highway 441/27 North	Fruitland, Park FL
<i>MC&M</i>	Daniel Zebrowski	3261 US Highway 441/27 North	Fruitland, Park FL

REINSTATEMENT

M THOMAS

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

Dan C. Zebrowski

Date 1/13/2004

Daytime Phone # 407-254-4909

Typed or printed name of signing Managing Member/Manager Daniel Zebrowski

CR2E041 (10/02)