

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 803 0000 76662

1. Corporation Name

Advisors Resource Network, Inc.

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

201 South Biscayne Blvd.

Suite, Apt. #, etc.

28th Floor

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

201 South Biscayne Blvd.

Suite, Apt. #, etc.

28th Floor

City & State

Miami, Florida

Zip

33131

Country

USA

7. Name and Address of Current Registered Agent

Name

D&T Management Group Incorporated

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

1926 Taylor Lane

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Daniel Hancin

Date 2/21/2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Cantley, Beckett G.	2483 Eagle Run Drive	Weston, FL. 33327

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Daniel Hancin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08

Date

813-473-7402

Daytime Phone #

FILED

2008 FEB 22 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/14/2003

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The 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 reinstatement fee be waived.

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03/12/08--01005--007 **600.00

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