

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2019 NOV 25 PM 2:01

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L18000198104

1. Limited Liability Company's Name  
ITUBE247, LLC

2. Principal Office Address - No P.O. Box #  
501 Fairway Drive

3. Mailing Office Address  
Same

Suite, Apt. #, etc.

Suits, Apt. #, etc.

City & State  
Deerfield Beach FL

City & State

Zip Country  
33441 USA

Zip Country

8. Name and Address of Current Registered Agent

Name  
Marjorie G Zuckerman

Street Address (P.O. Box Number is Not Acceptable) Suite.  
501 Fairway Drive

Apt. #, Etc.

City  
Deerfield Beach

State Zip Code  
FL 33441

4. State/Country of Formation  
FL

5. Date Organized or Qualified To Do Business in Florida  
08/15/2018

6. FEI Number  Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a certificate of status

REINSTATEMENT

2019

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

*Marjorie Z*

REGISTERED AGENT MUST SIGN

Date

10/29/19

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Adams, Jimmy L	501 Fairway Drive	Deerfield Beach FL 33441

11. E-mail Address: marjorie@donking.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*Marjorie Z*

Date

10/29/19

Daytime Phone #

Typed or printed name of signing authorized representative/member

*he*