

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


Filed

11/25/2019

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November 25, 2019  
Sec. Of State  
jafason

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L18000225281**

1. Limited Liability Company's Name  
**SEEN ON DEMAND, LLC**

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

3. Mailing Office Address  
**Same**

Suite, Apt. #, etc.

City & State  
**Deerfield Beach FL**

Zip Country  
**33441 USA**

4. State/Country of Formation  
**FL**

5. Date Organized or Qualified To Do Business in Florida  
**09/24/2018**

6. FEI Number  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  
**Marjorie G Zuckerman**

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

Apt. #, Etc.

City State Zip Code  
**Deerfield Beach FL 33441**

MW  
11/25/19

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 \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/Manager	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 \_\_\_\_\_ Date **10/29/19** Daytime Phone # \_\_\_\_\_

Typed or printed name of signing authorized representative/member \_\_\_\_\_