

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 NOV 21 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # MA9000001233

1. Limited Liability Company's Name

SENECA COMMUNICATIONS LLC

REINSTATEMENT 2008

2. Principal Office Address

38500 Woodward Ave.

Suite, Apt. #, etc.

Ste. 100

City & State

Bloomfield Hills, MI

Zip

48304

Country

USA

3. Mailing Office Address

38500 Woodward Ave.

Suite, Apt. #, etc.

Ste. 100

City & State

Bloomfield Hills, MI

Zip

48304

Country

USA

4. State/Country of Formation

Michigan

5. Date Organized or Qualified
To Do Business in Florida

8/5/99

6. FEI Number

38-3482936

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

Tallahassee

City

Tallahassee

800003489688-8
-12/06/00-01084-024
******150.00 ****150.00**

State
FL

Zip Code

32301-2525

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

BRIAN COURTNEY, ASST. VP.
REGISTERED AGENT MUST SIGN

Date **11/21/2008**

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
MGR	Sanford Siporin	2408 Gulf Blvd., Unit D	S. Padre Island, TX 78597
			800003489688-8 -12/06/00-01084-024 *****30.00 *****30.00

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

Date **11/16/00**

Daytime Phone# **1-561-998-9561**

Sanford Siporin

Typed or printed name of signing Managing Member/Manager **MANAGER**

CR2ED41 (9/00)