

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 16 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40536

1. Corporation Name

V.D.L. MASTER ASSOCIATION, INC.

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-10/15/02--01067--007

*****61.25 *****61.25

2. Principal Office Address

1617 N. FLAGLER DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL

City & State

Zip

33407

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10.26.90

5. FEI Number

US-0231390

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BECKER & POLIAKOFF

Street Address (Post Box Number is Not Acceptable)

500 AUSTRALIAN AVE. SOUTH

Suite, Apt. #, Etc.

NINTH FLOOR

City

W. PALM BEACH

State
FL

Zip Code

33407

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

REGISTERED AGENT MUST SIGN

Date

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
PRES.	DR KEINE F. BITING	1617 N. FLAGLER DR.	W. PALM BEACH, FL
DR	LOUIS V. FUSZ	" " "	" " 33407
SECH	KENNETH H. BITING, JR.	" " "	" " "
DR			

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 under section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.11.02

Date

Daytime Phone #

561-835-8889

V.D.L. Master Association, Inc.

1617 North Flagler Drive
West Palm Beach, Florida 33407

October 11, 2002

Secretary of State Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

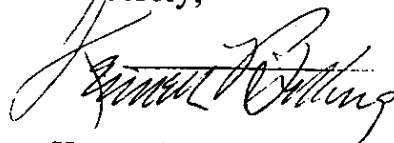
Re: Corporate Reinstatement

To Whom It May Concern:

Per a phone the day before yesterday with Eula in your offices it has come to our attention that the mailing address for V.D.L. Master Association was changed without our knowledge to an address on Congress Avenue.

Your offices then advised me to send in a reinstatement form along with a check for \$61.25 since we never received the annual bill from your offices. Should there be any problems or questions, please contact me at the address in the letterhead or by telephone at 561-835-8889. Thank you for your attention to this matter.

Sincerely,



Kenneth Bitting
Secretary/Treasurer