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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L00000000084

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 18 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000000084

Name and Mailing Address

0002366 01 FP 0.352 **PRSRT T8 0 0615 33154-204450
VIRTUAL UNIVERSITY NEWS, LLC
1111 KANE CONCOURSE, SUITE 600
BAY HARBOR ISLANDS FL 33154-2044

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 01/04/2000

Principal Place of Business: 1111 KANE CONCOURSE, SUITE 600, BAY HARBOR ISLANDS FL 33154

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 04-3424694 ☐ 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

WINER, ROBERT
1111 KANE CONCOURSE, SUITE 600
BAY HARBOR ISLANDS FL 33154

9. Name and Address of New Registered Agent

Name

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

900090546 49
11/18/02--01098--009 **150.00
City FL Zip Code

10. 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: Robert M. Winer Date: 11/12/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WINER, MARILYN	8319 BRANDON ST	PALM BEACH GARDENS FL 33418
MGR	WINER, ROBERT	1111 KANE CONCOURSE	BAY HARBOR ISLANDS FL 33154
		REINSTATEMENT	

12. 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: Robert M. Winer Date: 11/12/02 Daytime Phone #: (305) 868-7150

Typed or printed name of signing Managing Member/Manager: ROBERT WINER