PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY ... Secretary of State ... L00000000084

FILED
03 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000084

1. Limited Liability Company's Name

VIRTUAL UNIVERSITY NEWS, LLC

2. Principal Office Address	**3.** Mailing Office Address
1111 Kane Concourse	1111 Kane Concourse
Suite, Apt. #, etc.: Suite 600	Suite, Apt. #, etc.: Suite 600
City & State: Bay Harbor Islands	City & State: Bay Harbor Islands
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. State/Country of Formation: MASSACHUSETTS

5. Date Organized or Qualified To Do Business in Florida:

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

Name: ROBERT WINER

Street Address (P.O. Box Number is Not Acceptable): 1111 Kane Concourse

500023559739
10/21/03--01011--019 **150.00

Suite, Apt. #, Etc.: Suite 600

City: Bay Harbor Islands State: FL Zip Code: 33154

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: Robert Winer Date: 10/5/03

REGISTERED AGENT MUST SIGN

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
MGRM	MARILYN WINER	6319 Brandon St.	Palm Beach Gardens, FL 33418
MGR	ROBERT WINER	1111 Kane Concourse Suite 600	Bay Harbor Islands, FL 33154
		REINSTATEMENT 03 dcc	

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: Robert Winer Date: 10/5/03 Daytime Phone#: 305-868-7150

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