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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC -6 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000021055

1. Limited Liability Company's Name

VDL Management, LLC

04

2. Principal Office Address

1768 Park Center Drive

Suite, Apt. #, etc.

Suite 380

City & State

Orlando, FL

Zip

32835

Country

USA

3. Mailing Office Address

1768 Park Center Drive

Suite, Apt. #, etc.

Suite 380

City & State

Orlando, FL

Zip

32835

Country

USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

8/16/2002

6. FEI Number
200439170.

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

Randolph J. Rush, Esq.

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

250 Park Avenue South, 5th Floor

Suite, Apt. #, Etc.

City

Winter Park

State
FL

Zip Code
32789

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

REGISTERED AGENT MUST SIGN

Date

12/3/04

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	David J. Townsend	1768 Park Center Drive Suite 380	Orlando, FL 32835
			100043312361 12/09/04--01071--009 **600.00
		REINSTATEMENT 2004	
		AK	

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

12/3/04

Daytime Phone#

David J. Townsend, Manager

Typed or printed name of signing Managing Member/Manager