

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000021055

1. Limited Liability Company's Name

VDL MANAGEMENT, LLC

Handwritten initials and number:
DK
05

FILED
2006 APR 19 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

2. Principal Office Address

1768 Park Center Drive

Suite, Apt. #, etc.

Suite 400

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

1768 Park Center Drive

Suite, Apt. #, etc.

Suite 400

City & State

Orlando, FL

Zip

32801

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

WHWW, INC.

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

390 North Orange Avenue

Suite, Apt. #, Etc.

Suite 1500

City

Orlando

State

FL

Zip Code

32801

200073075232
05/03/06--01005--021 **2008.75

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

4/18/06

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 400	Orlando, FL 32801

REINSTATEMENT 2005-2006

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

4/18/06

Daytime Phone #

407-294-6400

Typed or printed name of signing Managing Member/Manager

David J. Townsend, Manager