

PLEASE PRINT IN BLOCK CAPITALS BEFORE COMPLETING THIS FORM.

L02000021055

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -3 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000021055

1. Limited Liability Company's Name

VDL MANAGEMENT, LLC

9/26/03

200205389552  
12/10/03 01044-004 \*\*150.00

2. Principal Office Address

1768 Park Center Drive

Suite, Apt. #, etc.

Suite 270

City & State

Orlando, FL 32835

Zip

32835

Country

USA

3. Mailing Office Address

1768 Park Center Drive

Suite, Apt. #, etc.

Suite 270

City & State

Orlando, FL 32835

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

20-0439170

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

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

250 Park Avenue South

Suite, Apt. #, Etc.

5th Floor

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 12-02-03

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 / MBR	David J. Townsend	1768 Park Center Drive	Orlando, FL 32835

REINSTATEMENT 2003

BK

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

Daytime Phone#

Typed or printed name of signing Managing Member/Manager