

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 MAR -7 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M99000001552

**1. Limited Liability Company's Name**

TVO Savannah LLC

**2. Principal Office Address**

70 E. Lake St.

Suite, Apt. #, etc.

Suite 600

City & State

Chicago, IL

Zip

60601

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

2001-  
2002

**4. State/Country of Formation**

Delaware

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

10/14/99

**6. FEI Number**

74-2930769

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$500 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Lexis Document Services Inc.

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

3953 W.W. Kelley Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

000005072970-6  
-03/03/02-01048-011  
\*\*\*\*200.00 \*\*\*\*200.00

**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

*Angie Furtado*

REGISTERED AGENT MUST SIGN

Date 3-6-02

**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	Savannah Managing Member, Inc.	70 E. Lake St., Ste. 600	Chicago, IL 60601

**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. This 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

*David L. Vandenburg*

Date

Daytime Phone #(312) 553-1133

Typed or printed name of signing Managing Member/Manager Savannah Managing Member, Inc., MGR By: David L. Vandenburg, President

CR2E041 (9/01)