

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 OCT 25 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300008590303  
10/25/02--01034--004 \*\*150.00

**DOCUMENT #** L00000008722

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

CDcoupon, LLC

**2. Principal Office Address**

100 S.E. 3rd Avenue

Suite, Apt. #, etc.

One Financial Plaza, Suite 2504

City & State

Fort Lauderdale, Florida

Zip

33394

Country

USA

**3. Mailing Office Address**

100 S.E. 3rd Avenue

Suite, Apt. #, etc.

One Financial Plaza, Suite 2504

City & State

Fort Lauderdale, Florida

Zip

33394

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified**

To Do Business in Florida July 19, 2000

**6. FEI Number**

65-1024417

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

Anthony R. Morgenthau

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

100 S.E. 3rd Avenue

Suite, Apt. #, Etc.

One Financial Plaza, Suite 2504

City

Fort Lauderdale

State

FL

Zip Code

33394

**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

*Anthony R. Morgenthau*  
REGISTERED AGENT MUST SIGN

Date 10/21/02

**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
D, P	Craig A. Russey	100 S.E. 3rd Avenue, Suite 2504	Fort Lauderdale, FL 33394
D, VP	Anthony R. Morgenthau	100 S.E. 3rd Avenue, Suite 2504	Fort Lauderdale, FL 33394
D, VP	Richard M. Andzel	100 S.E. 3rd Avenue, Suite 2504	Fort Lauderdale, FL 33394
D, VP	Gary W. Bull	308 West Joppa Road	Towson, MD 21204

**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

*Craig A. Russey*

Date 10/21/02

Daytime Phone # 954.463.0501

Typed or printed name of signing Managing Member/Manager

Craig A. Russey, President

CR2E041 (9/01)