

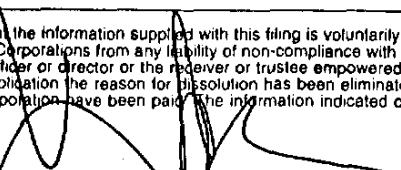


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div>97 AUG 13 AM 8:47</div> <div>SECRETARY OF STATE TALLAHASSEE FLORIDA</div>	
<b>DOCUMENT # F95 P00005553</b>					
1. Corporation Name <div style="font-size: 1.2em; font-family: cursive;">CUC International Inc.</div> <div style="text-align: right; margin-right: 50px;">W99-17793</div>					
Principal Place of Business <div style="font-size: 1.2em; font-family: cursive;">707 Summer Street Stamford, CT 06904</div>			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		4. Date Incorporated or Qualified To Do Business in Florida <div style="font-size: 1.2em; font-family: cursive;">Qualified on 11/13/95</div>	
				5. FEI Number <div style="font-size: 1.2em; font-family: cursive;">60918165</div>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
		4	City / State / Zip		
	D/CEO		WALTER A. FORBES		707 SUMMER STREET STAMFORD, CT 06904
	D/PRES.		E. KIRK SHELTON		707 Summer Street Stamford, CT 06904
	SNR, V.P. + CEO		COSMO CORIGLIANO		707 Summer Street Stamford, CT 06904
	S		Robert T. TUCKER		61 PURCHASE Street Rye, NY 10580
	D		Bartlett Burnap		707 SUMMER STREET STAMFORD, CT 06904
	D		T.B. DONNELLEY		707 SUMMER STREET STAMFORD, CT 06904
8. Name and Address of Current Registered Agent <div style="font-size: 1.2em; font-family: cursive;">CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324</div>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="font-size: 1.2em; font-family: cursive;">800002272998--4</div> Suite, Apt. #, Etc. <div style="font-size: 1.2em; font-family: cursive;">-08/20/97--01122--004</div> City <div style="font-size: 1.2em; font-family: cursive;">***915.00 ***915.00</div> <div style="display: flex; justify-content: space-between;"> <span>State <b>FL</b></span> <span>Zip Code</span> </div>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date <b>7-11-97</b> <div style="text-align: center; margin-top: 10px;">REGISTERED AGENT MUST SIGN</div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <div style="text-align: right; margin-right: 50px;">7/28/97</div> <div style="text-align: right; margin-right: 50px;">203-324-9261</div> <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Daytime Phone #</span> </div>		

C202040 (12/95)