

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)