

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

DOCUMENT # L00000015080

1. Limited Liability Company's Name

CMGI Technology Group LLC

2. Principal Office Address

495 Blue Lake Dr.

Suite, Apt. #, etc. -

City & State

Boca Raton, FL

Zip 33431

Country USA

3. Mailing Office Address

P.O. Box 547163

Suite, Apt. #, etc. -

City & State

Surfside, FL

Zip 33154

Country USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

12/7/00

6. FEI Number

65-1059580

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

Vali Morales

700004925257-3

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

495 Blue Lake Dr.

02/14/02 01036 003

\*\*\*200.00 \*\*\*200.00

Suite, Apt. #, Etc.

City

Boca Raton

State FL

Zip Code

33431

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1/29/02

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	Michael Hood	495 Blue Lake Dr.	Boca Raton, FL 33431
MGR	Vali Morales	495 Blue Lake Dr.	Boca Raton, FL 33431

**REINSTATEMENT**

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

*[Signature]*

Date

1/30/2002

Daytime Phone #

Typed or printed name of signing Managing Member/Manager