

M 00000000 242

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -6 AM 11:09

DOCUMENT # M00000000242

2. Limited Liability Company's Name
CDI DELAID, LLC

2. Principal Office Address
5775 Wayzata Blvd.

Date, Apt. #, etc.
280

City & State
Minneapolis

Zip
55416

Country
USA

3. Mailing Office Address
5775 Wayzata Blvd.

Date, Apt. #, etc.
280

City & State
Minneapolis, MN

Zip
55416

Country
USA

4. State/Country of Formation
MINNESOTA

5. Date Expired or Qualified To Do Business in Florida
2/7/2000

6. FEI Number
41-1956753

Applied For
Not Applicable

7. CERTIFICATE OF STATUS CHECKED

8. Name and Address of Current Registered Agent

**GT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name and Address of New Registered Agent

Name **Robert LaDouceur**

Street Address (P.O. Box Number is not acceptable)
1295 Orange Avenue

Winter Park

FL Zip Code **32789**

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 *Robert LaDouceur*
REGISTERED AGENT MARY JOON

Date 11/01/02

10. Name and Street Address of Managing Member/Managers

Title	Name of Managing Member/Manager	Street Address (Each Managing Member/Manager)	City/State/Zip
C	Robert V. Baumgartner	5775 Wayzata Blvd. # 280	Minneapolis, MN 55416
CFO	Robert LaDouceur	5775 Wayzata Blvd. # 280	Minneapolis, MN 55416
EB	Donald D. Jacobsen	5775 Wayzata Blvd. # 280	Minneapolis, MN 55416
REINSTATEMENT <u>2002</u>			30000081834103 1/206/02--01045--017 **15.00

11. I certify that I am managing member/manager or the member 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 reasons for delinquency have been corrected. The limited liability company agrees to follow the requirements of sections 608.408, 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 *Donald D. Jacobsen* Date 10/30/02

Daytime Phone# (952) 525-6320

Type or print name of signing Managing Member/Manager Donald D. Jacobsen