

# 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**

*2002*

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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 fulfill 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