




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M02000002124			
1. Limited Liability Company's Name RACCOON ACQUISITION I, LLC			
2. Principal Office Address 9 WEST 57TH STREET Suite, Apt. #, etc. 37TH FLOOR City & State NEW YORK, NY Zip 10019 Country US		3. Mailing Office Address 9 WEST 57TH STREET Suite, Apt. #, etc. 37TH FLOOR City & State NEW YORK, NY Zip 10019 Country US	
4. State/Country of Formation DELAWARE		5. Date Organized or Qualified To Do Business in Florida 08/13/2002	
6. FEI Number 90-012349		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name CORPORATION SERVICE COMPANY			
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
Suite, Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32301
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 		Carla Lohi Asst. Vice President Date 12-3-04	
REGISTERED AGENT MUST SIGN			
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
MGRM	CENDANT TRAVEL DISTRIBUTION SERVICES GROUP, INC.	9 WEST 57TH STREET, 37TH FLOOR	NEW YORK, NY 10019
			100043180011
REINSTATEMENT 2003-2004			
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 		Date 12/3/04 Daytime Phone # 913-496-5036	
Typed or printed name of signing Managing Member/Manager LYNN FELDMAN			

FILED
04 DEC -3 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR20041 (10/02)



MO2000002124

ACCOUNT NO. : 072100000032

REFERENCE : 052374 7155110

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 200.00

ORDER DATE : December 2, 2004

ORDER TIME : 3:45 PM

ORDER NO. : 052374-005

CUSTOMER NO: 7155110

CUSTOMER: Steve Lummer
Cendant Corporation
1 Campus Drive

Parsippany, NJ 07054

RECEIVED
04 DEC -3 PM 4:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten signature]

REINSTATEMENT

NAME: RACCOON ACQUISITION I, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____