1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2012

DOCUMENT # F03000005447

1. Corporation Name
HOMESERVE USA CORP.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
750 EAST MAIN ST	750 EAST MAIN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 850	SUITE 850
City & State	City & State
STAMFORD, CT	STAMFORD, CT
Zip / Country	Zip / Country
06902	06902

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
11/03/2003

5. FEI Number
980381967
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
$8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD

Suite, Apt. #, etc.

City	State	Zip Code
PLANTATION	FL	33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Connie Bryan Date 12/5/12
REGISTERED AGENT MUST SIGN Assistant Secretary

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PR	THOMAS RUSIN	750 EAST MAIN STREET	STAMFORD, CT 06902
AS. SEC	GRACEANN PISANO	750 EAST MAIN STREET	STAMFORD, CT 06902
TR	CHRIS MILLER	750 EAST MAIN STREET	STAMFORD, CT 06902
AS.SEC	NICHOLAS ALEXANDER	750 EAST MAIN STREET	STAMFORD, CT 06902
CMO	MICHAEL RAUSCHER	750 EAST MAIN STREET	STAMFORD, CT 06902
CCO	DEB DULSKY	750 EAST MAIN STREET	STAMFORD, CT 06902

10. E-mail Address: CLS-AnnualReportFilingTeam@wolterskluwer.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the successor or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 11/30/12
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLR6 - 11/13/2012 Wolters Kluwer Online

DEC 05 2012
D. BUTLER

12/05/2012 12:27 8656336092 CT CORPORATION PAGE 02/02

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
HOMESERVE USA CORP.

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