

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 JUN 24 AM 10:32

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000001186

1. Limited Liability Company's Name

Data Tree, LLC

2. Principal Office Address - No P.O. Box #

4 First American Way

Suite, Apt. #, etc.

City & State

Santa Ana, CA

Zip

92707

Country

USA

3. Mailing Office Address

4 First American Way

Suite, Apt. #, etc.

City & State

Santa Ana, CA

Zip

92707

Country

USA

4. State/Country of Formation

California

5. Date Organized or Qualified
To Do Business in Florida

6/16/2000

6. FEI Number

330811493

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$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

Matthew Young

Asst. V. Pres.

Date 6-24-11

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
	Corelogic Real Estate Information Services, LLC	4 First American Way	Santa Ana, CA 92707

REINSTATEMENT 2007-2011

11. E-mail Address:

(To be used for future annual report notifications)

12. 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 6/20/2011

Daytime Phone # (714) 250-6232

Typed or printed name of signing Managing Member/Manager Stergios Theologides, SVP and Secretary of Member



CORPORATION SERVICE COMPANY

MA000000001186

ACCOUNT NO. : I20000000195

REFERENCE : 824139 7286385

AUTHORIZATION :

Liquidation

COST LIMIT : \$ 793.75

ORDER DATE : June 23, 2011

ORDER TIME : 8:43 AM

ORDER NO. : 824139-020

CUSTOMER NO: 7286385

REINSTATEMENT

NAME: DATA TREE LLC

BK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS _____

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