

Division of Corporations

M02000001347

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LIMITED LIABILITY REINSTATEMENT

HARVARD ABSTRACT, LLC

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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>MO2-000001347</u> 1. Limited Liability Company's Name <u>Harvard Abstract, LLC</u>			
<b>II. Principal Office Address</b> <u>2 Veterans Sq.</u> Suite, Apt. #, etc.		<b>III. Mailing Office Address</b> <u>2 Veterans Sq.</u> Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>Media PA</u>		<b>City &amp; State</b> <u>Media PA</u>	
<b>Zip</b> <u>19063</u>	<b>Country</b> <u>USA</u>	<b>Zip</b> <u>19063</u>	<b>Country</b> <u>USA</u>
<b>4. State/Country of Formation</b> <u>PA</u>		<b>5. Date Organized or Qualified To Do Business in Florida</b> <u>09/26/2003</u>	
<b>6. FEI Number</b> <u>23-3064566</u>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>7. CERTIFICATE OF STATUS ORDERED</b> <input type="checkbox"/>			
<b>8. Name and Address of Current Registered Agent</b>			
Name <u>CT Corporation System</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u>			
Suite, Apt. #, Etc.			
<b>City</b> <u>Plantation</u>		<b>State</b> <u>FL</u>	<b>Zip Code</b> <u>33324</u>
<b>9. I, being appointed the registered agent of the above named limited liability company, am licensed and accept the obligations of Chapter 609, F.S.</b> Signature of Registered Agent: <u>Vicki Ann Owens</u> <b>Vicki Ann Owens</b> Social Assistant Secretary Date: <u>05/18/2006</u> <small>REGISTERED AGENT MUST SIGN</small>			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
<b>Title</b>	<b>Name of Managing Member/Manager</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
<u>MGRM</u>	<u>TIRA Abstract Company of PA</u>	<u>2 Veterans Sq.</u>	<u>Media PA 19063</u>
<b>11. I certify that I am providing the information on the receiver of this information as provided for in Chapter 609, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been terminated, the limited liability company name satisfies the requirements of section 609.404, 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.</b>			
Signature of Managing Member/Manager: <u>J. William Cotter, Jr.</u>		Date: <u>05/19/2006</u>	Daytime Phone # <u>(610) 892-8100</u>
Typed or printed name of managing Member/Manager: <u>J. William Cotter, Jr., CEO of Managing Member</u>			