

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:05

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

MO2000001357

1. Limited Liability Company's Name

Guardian Investor Services LLC

2. Principal Office Address

7 Hanover Square.

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10004

Country

3. Mailing Office Address

81 Highland Ave.

Suite, Apt. #, etc.

A261

City & State

Bethlehem, PA 18017

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida 05/29/2002

6. FEI Number
134198972

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

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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.

CT Corporation System.

Signature of

Registered Agent

by Ann Williams, Special Asst. Secretary.

Date 04/27/2006

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
✓	Bruce, Long C	7 Hanover Square	New York NY 10004
VP	Sorell, Thomas G	7 Hanover Square	New York NY 10004
✓	Caruso, Joseph A	7 Hanover Square	New York NY 10004
✓	Murphy, John B	7 Hanover Square	New York NY 10004
✓	Pepe, Frank I	7 Hanover Square	New York NY 10004
✓	Potter, Richard T	7 Hanover Square	New York NY 10004

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

5/1/06

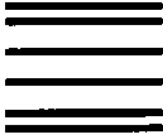
Daytime Phone #

610-807-7710

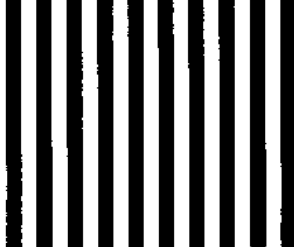
Typed or printed name of signing Managing Member/Manager

RICHARD A. CUMISKEY, SR. VICE PRESIDENT

FROM _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 1845 NEW YORK, N.Y.

POSTAGE WILL BE PAID BY ADDRESSEE

Attn: Pat Hood
A261

EB 011520 (12/98)

Guardian Investor Services LLC

Licensing/Registration Dept.

Northeast Regional Office

PO Box 26195

Lehigh Valley PA 18002-6195

