20/62

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM
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Phone : (850)222-1092
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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
HARPERCOLLINS PUBLISHERS L.L.C.

Certificate of Status	0
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Page Count	02
Estimated Charge	$516.25

1 of 2

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 MAR 16 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT # M05000002180

1. Limited Liability Company's Name

HarperCollins Publishers LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10 East 53RD Street	1000 Keystone Ind Park
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
New York, NY 10022	Scranton, Pa. 18512
Zip / Country	Zip / Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 4-1-05

6. FEI Number: 20-2572391 ☐ 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.: Plantation

City: Plantation | State: FL | Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, submit that with the accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT Chris McNeal Assistant Secretary Date: 3/16/10

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
MGR	Brian Murray	10 East 53RD Street	New York, NY 10022
MGR	Janet Gervaiso	10 East 53RD Street	New York, NY 10022
MGR	Michael Salvi	10 East 53RD Street	New York, NY 10022
MGR	Christopher Goff	10 East 53RD Steet	New York, NY 10022
		REINSTATEMENT	08-12 AL

11. E-mail Address: _____ (To be used for future annual report notification)

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: [signature] Date: March 10, 2010 Daytime Phone #: 570-941-1366

Typed or printed name of signing Managing Member/Manager: Michael Salvi