PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
14 NOV 25 AM 11:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000000045

1. Limited Liability Company's Name
Discovery Litigation Services LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
181 14th Street	same
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Atlanta, GA	City & State: same
Zip: 30309 / Country: USA	Zip: / Country:

4. State/Country of Formation: Delaware, USA

5. Date Organized or Qualified To Do Business in Florida: 01/04/12

6. FEI Number: 45-4198354 ☐ 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

400266875624

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Courtney Williams
REGISTERED AGENT'S NAME: Asst. Vice President
Date: 11.25.14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CEO	Alexander Gallo	181 14th Street	Atlanta, GA 30309

REINSTATEMENT 2014

NOV 24 2014
L. SELLERS

11. E-mail Address: agallo@discoverylit.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Alexander Gallo Date: 11/24/14 Daytime Phone #: 678-831-3377

Typed or printed name of signing Authorized Representative/Manager: Alexander Gallo

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 390965 8022121

AUTHORIZATION

COST LIMIT : $ 238.75

ORDER DATE : November 24, 2014

ORDER TIME : 9:19 AM

ORDER NO. : 390965-005

CUSTOMER NO: 8022121

REINSTATEMENT

NAME: DISCOVERY LITIGATION SERVICES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____