APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

M96000000093

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC -5 AM 9:38

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT #M96000000093

Radian International LLC
P.O. Box 201088
Austin, TX 78720-1088

If above mailing address is incorrect in any way, **line through incorrect information** and enter correction in Block 2a.

1a. Principal Place of Business Address
8501 North Mopac Blvd.
Austin, TX 78759

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

3. Date Organized or Qualified: 03/22/1996

3a. State of Formation: DE

4. FEI Number: 74-2770842
☐ Applied For
☐ Not Applicable

5. Date of Last Report: 03/22/1996

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

C.T. Corporation System
1200 South Pine Island Road
Plantation, FL 33324

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City | Zip Code
FL

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: E.A. Wallace, Asst. Secretary

Date: 11/10/97

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Robert C. Walker	One State Street	Hartford, CT 06102
MGRM	William A. Kerr	One State Street	Hartford, CT 06102
MGRM	Fernand J. Kaufmann	2030 Dow Center	Midland, MI 48674
MGRM	Jane M. Gootee	2030 Dow Center	Midland, MI 48674
MGRM	Larry J. Washington Jr.	2030 Dow Center	Midland, MI 48674
MGRM	Saul L. Basch	One State Street	Hartford, CT 06102
MGRM	Arnold A. Allemang	2030 Dow Center	Midland, MI 48674

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REINSTATEMENT 97 KWM

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: Jane M. Gootee

Date: 11/19/97

Daytime Phone #: 517-636-0752

Typed or printed name of signing Managing Member/Manager: Jane M. Gootee/MGRM