PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED 11/30
99 NOV 30 AM 9:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M96000000093

1. Limited Liability Company's Name

Radian International LLC

2. Principal Office Address		3. Mailing Office Address	
8501 N. Mopac Boulevard		Post Office Box 201088	
Suite, Apt #, etc. Attn: Chris Ruble		Suite, Apt. #, etc. Attn: Chris Ruble	
City & State Austin, Texas		City & State Austin, Texas	
Zip 78759	Country USA	Zip 78720-1088	Country USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: March 22, 1996

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

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certified Copy

8. Name and Address of Current Registered Agent

Name: CT Corporation System

800003060848--5
-12/06/99--01001--018
***150.00 ***150.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine

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.

Signature of Registered Agent: KIRK HOOD ASSISTANT SECRETARY Date: 11-18-99

REGISTERED AGENT MUST SIGN

CR2E041 (9/99)

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
	Managing Member: (MGRM)		
	Radian Acquisition Corp.,	911 Wilshire Blvd., Suite 700,	Los Angeles, CA 90017

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: Meiyan Tang Date: 11-12-99 Daytime Phone # 213-996-2241

Typed or printed name of signing Managing Member/Manager: _____