Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: _____

CORPORATION REINSTATEMENT

PLAYSIGHT INTERACTIVE USA INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$635.00

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F16000003993

1 Corporation Name

PLAYSIGHT INTERACTIVE USA INC.

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
121 North st. PO Box 564 121	121 North st. PO Box 564 121
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hingham, MA	City & State: Hingham, MA
Zip: 02043 Country: USA	Zip: 02043 Country: USA

CR2E081 (11/15)

4 Date Incorporated or Qualified To Do Business In Florida: 09/08/2016

5 FEI Number: 38-3925287 — Applied For / Not Applicable

6 CERTIFICATE OF STATUS DESIRED

7 Name and Address of Current Registered Agent

Name: Vcorp Agent Services, Inc.

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

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

REINSTATEMENT 2024

8 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 6-13-2024

REGISTERED AGENT MUST SIGN

9 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Chen Shachar	121 North st. PO Box 564 121	Hingham, MA 0243

10 E-mail Address: RAservice@vcorpservices.com

(To be used for future annual report notification)

11 I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in section 607.0401 or 617.0401, F.S.; that to the best of my knowledge, the reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S.; and that all taxes owed by the corporation have been paid; further, I certify that the information indicated on this application is true and accurate, and that my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: [signature] 6-13-2024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

● C. LAWRENCE ●

AUG - 9 2024