Dec 17 10 01:43p

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 DEC 17 AM 8:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08000004311

1. Limited Liability Company's Name

Topspin-IDS Acquisition, LLC

200188795422

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5707 Dot Com Court	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 1079	
City & State	City & State
Oviedo, FL	
Zip / Country	Zip / Country
32765 / USA	

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 09/23/2008

6. FEI Number: 263367797 ☐ 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: 32301-2525

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: Carina L. Dunlap Carina L. Dunlap Asst. Vice President Date: 12-17-10

REGISTERED AGENT MUST SIGN

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
CEO/MGR	Charles Walkley	5707 Dot Com Court, Suite 1079,	Oviedo, FL 32765
	REINSTATEMENT 2010		

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

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: Charles Walkley Date: 12/17/10 Daytime Phone # 407-971-6051

Typed or printed name of signing Managing Member/Manager: Charles Walkley, CEO/MGR

CSC

CORPORATION SERVICE COMPANY

M08000004311

ACCOUNT NO. : I20000000195

REFERENCE : 614679 4803460

AUTHORIZATION : Lynn Bellenger

COST LIMIT : $ 238.75

ORDER DATE : December 17, 2010

ORDER TIME : 3:13 PM

ORDER NO. : 614679-005

CUSTOMER NO: 4803460

Please file 1st

REINSTATEMENT

NAME: TOPSPIN-IDS ACQUISITION, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 DEC 17 PM 4:13

PLEASE RETURN THIS COPY TO ACKNOWLEDGE SUFFICIENCY OF FILING