PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M14000005387

1. Limited Liability Company's Name
Results Digital LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
91 Montvale Ave	91 Montvale Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 104	Suite 104
City & State	City & State
Stoneham, MA	Stoneham, MA
Zip / Country	Zip / Country
02180 / USA	02180 / USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 7/25/2014

6. FEI Number ☑ 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
United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite
9200 South Dadeland Blvd. Suite 508

Apt. #, Etc.

City: Miami | State: FL | Zip Code: 33156

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
MGR	Stuart M. Zolot	225 West Station Square Dr. Ste. 500	Pittsburgh, PA 15219

DEC 21 2015
S. YOUNG

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 12/18/15 Daytime Phone # 412-562-2000

Typed or printed name of signing authorized representative/member ANTHONY L. BUCCI