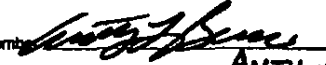


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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			
2. Principal Office Address - No P.O. Box # 91 Montvale Ave Suite, Apt. #, etc. Suite 104 City & State Stoneham, MA Zip Country 02180 USA		3. Mailing Office Address 91 Montvale Ave Suite, Apt. #, etc. Suite 104 City & State Stoneham, MA Zip Country 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 State Zip Code Miami FL 33156		400280269754 12/21/15--01012--003 **238.75 15 DEC 21 AM 2:04 SECRETARY OF STATE TALAMASSET, FLORIDA	
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. BUCCIA			