

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

01 FEB 21 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

1998-  
2001

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

DOCUMENT #

MA1000000327

1. Limited Liability Company's Name

CompuSport, L.L.C.

2. Principal Office Address

444 Liberty Avenue

Suite, Apt. #, etc.

Four Gateway Centre, 9th Fl

City & State

Pittsburgh, Pennsylvania

Zip

Country

15222-1207

USA

3. Mailing Office Address

same as no. 2

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Nevada

5. Date Organized or Qualified  
To Do Business in Florida

June 5, 1997

6. FEI Number

59-3446104

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

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33324

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\*\*\*355.00 \*\*\*355.00

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

K.A. S

Kevin A. Sebnia, Asst Sec.

Date 2-20-01

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
MGRM	Dr. David J. D'Appolonia	5140 Pembroke Place Pittsburgh, PA 15232	
MGRM	Dr. Ralph Mann	7545 Dallas Court Las Vegas, NV 89193	
MGRM	Carolyn Harvey	1060 Park Avenue New York, NY 10128	
MGRM	Fred Griffin	1377 Richmond Avenue Winter Park, FL 32789	
MGRM	Sylan Holzer	545 Miranda Drive Pittsburgh, PA 15241	
MGRM	Robert O'Connell	20 Louisburg Squire Boston, MA 02108	

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

DM

Date 2/16/01

Daytime Phone # (412) 281-9847

Typed or printed name of signing Managing Member/Manager David J. D'Appolonia

CR2E041 (9/00)