PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 17 AM 9:46

DOCUMENT # F93000001365

1. Corporation Name

Davmic Corporation

2. Principal Office Address		**3.** Mailing Office Address	
C/O Steven J. Clites		C/O Steven J. Clites	
Suite, Apt. #, etc. 701 Alpha Drive		Suite, Apt. #, etc. 701 Alpha Drive	
City & State Pittsburgh PA		City & State Pittsburgh PA	
Zip 15238	Country	Zip 15238	Country

REINSTATEMENT 99.00

4. Date Incorporated or Qualified To Do Business in Florida 3/18/1993

5. FEI Number 25-1580999 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

800003328388--0
07/19/00--01097--020
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: BRIAN COURTNEY, ASST. V.P. Date: 7/12/2000

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
CETD	Shapira, David S.	101 Kappa Drive	Pittsburgh, PA 15238
VS	Nimtz, Richard H.	101 Kappa Drive	Pittsburgh, PA 15238
VASD	Burgo, Raymond J.	101 Kappa Drive	Pittsburgh, PA 15238

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AD

SIGNATURE: WWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — V-P — 7-11-2000 (Date) — (412)967-3609 (Daytime Phone #)