PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUL 14 PM 2:20

DOCUMENT # L02000011854

1. Limited Liability Company's Name
Mikor, LLC

M. HODGES 7/14

2. Principal Office Address	3. Mailing Office Address
1088 Business Lane	5025 Drake Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Cincinnati, Ohio
Zip: 34110 Country: USA	Zip: 45243 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/15/2002

6. FEI Number: 38-3652649 ☐ 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

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: Corine Bury Date: 07/14/2005
REGISTERED AGENT MUST SIGN

CR2EN41 (10/02)

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
Mngr	Michael D. Korchmar	5025 Drake Road	Cincinnati, Ohio 45243
Mngr	Donald I. Korchmar	5025 Drake Road	Cincinnati, Ohio 45243

REINSTATEMENT 2003-2004 2005

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 608.408, 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: [signature] Date: 7/14/05 Daytime Phone #: 513/561-8368

Typed or printed name of signing Managing Member/Manager: Michael D. Korchmar, Manager

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

MIKOR, LLC

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