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LIMITED LIABILITY REINSTATEMENT
JUICE TECHNOLOGIES LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000035508

1. Limited Liability Company's Name

Juice Technologies LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1275 Kinnear Road	1275 Kinnear Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 229	Suite 229
City & State	City & State
Columbus, OH	Columbus, OH
Zip / Country	Zip / Country
43212 / US	43212 / US

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 4/8/2008

6. FEI Number: 26-2368277 ☐ 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: Corporation Company of Orlando

Street Address (P.O. Box Number is Not Acceptable): 300 South Orange Avenue

Suite, Apt. #, Etc.: Suite 1000 (JGH)

City: Orlando | State: FL | Zip Code: 32801

E-mail Address:

taugustyni@shutts.com
(To be used for future annual report notices)

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: Corporation Company of Orlando

REGISTERED AGENT MUST SIGN: J. Gregory Humphries, Vice Pres.

Date: May 2, 2012

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
MGR	Richard Housh	50 Sixth Avenue, North	Naples, FL 34102
MGR	Thomas A. Hurkmans	5619 Fifth Avenue	Pittsburgh, PA 15232

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; 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 Managing Member/Manager: _____ Date: May 2, 2012 Daytime Phone #: (937) 403-1789

Typed or printed name of signing Managing Member/Manager: Richard Housh, Manager