PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -6 AM 7:46
TALLAHASSEE, FLORIDA

DOCUMENT # M02000002514

1. Limited Liability Company's Name
Skilken D.S., LLC

2. Principal Office Address		3. Mailing Office Address	
4270 Morse Road		4270 Morse Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Columbus, Ohio		Columbus, Ohio	
Zip	Country	Zip	Country
43230	USA	43230	USA

4. State/Country of Formation: OH

5. Date Organized or Qualified To Do Business In Florida: 09/24/2002

6. FEI Number: 31-1596030 — 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 Service Company

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

Suite, Apt. #, Etc.:

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

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: Deborah D. Skipper — Deborah D. Skipper, Asst. V. Pres. — Date 11/6/03

REGISTERED AGENT MUST SIGN

CR2E041 (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
MGRM	Skilken, B. Lee	4270 Morse Road	Columbus, OH 43230
MGRM	Gold, Kenneth B.	4270 Morse Road	Columbus, OH 43230
MGRM	Petruziello, Frank R.	4270 Morse Road	Columbus, OH 43230
	REINSTATEMENT 2003	400024481464	
		BK	

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: [signature] — Date 11/5/03 — Daytime Phone # (614) 418-3100

Typed or printed name of signing Managing Member/Manager: Kenneth B. Gold

CSC

CORPORATION SERVICE COMPANY™

M02000002514

ACCOUNT NO. : 072100000032

REFERENCE : 310946 5051593

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : November 6, 2003

ORDER TIME : 11:14 AM

ORDER NO. : 310946-005

CUSTOMER NO: 5051593

CUSTOMER: Audra Cordell
Skilken Properties
4270 Morse Road

Columbus,, OH 43230

DOMESTIC FILINGS

RECEIVED
03 NOV -6 PM 12:54
DIVISION OF CORPORATION

NAME: SKILKEN D.S., LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____