1 of 2



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 OCT 27 A 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000002167

1. Limited Liability Company's Name
Unison Industries, LLC

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| 7575 Baymeadows Way | | 7575 Baymeadows Way | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State: Jacksonville, FL | | City & State: Jacksonville, FL | |
| Zip: 32256 | Country: USA | Zip: 32256 | Country: USA |

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: July 2, 2003

6. FEI Number: 59-3530410 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 [signature] REGISTERED AGENT MUST SIGN Assistant Secretary Date 10/26/04

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 | Daniel C. Heintzelman | One Neumann Way | Cincinnati, OH 45215 |
| MGR | John F. Ryan | One Neumann Way | Cincinnati, OH 45215 |
| MGR | Bradley D. Mottier | 7575 Baymeadows Way | Jacksonville, FL 32256 |
| | | AL | |
| | | | REINSTATEMENT 04 |
| | | | |

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 10/26/04 Daytime Phone # 513-243-2000

Typed or printed name of signing Managing Member/Manager John F. Ryan

FL0110 - 06/03/04 C T System Online

# Florida Department of State
## Division of Corporations
Public Access System

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# LIMITED LIABILITY REINSTATEMENT

## UNISON INDUSTRIES, LLC

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $155.00 |