PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 513 621 0116 P.02/02

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 APR -4 AM 9:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # m03000002167

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

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 7575 Baymeadows Way | One Neumann Way |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. MD: F125 |
| City & State Jacksonville, FL | City & State Cincinnati, OH |
| Zip 32256 Country USA | Zip 45215 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 ☑

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 Carol Record Date 4-4-06
REGISTERED AGENT MUST SIGN

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 | Bradley Mottier | One Neumann Way | Cincinnati, OH 45215 |
| Mgr | Denice Blocca | One Neumann Way | Cincinnati, OH 45215 |
| Mgr | Christina Alvord | 7575 Baymeadows Way | Jacksonville, FL 32256 |
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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 Christina Alvord Date 3/23/06 Daytime Phone # (904) 739-4101

Typed or printed name of signing Managing Member/Manager Christina Alvord, Manager