

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03/20/09--01014--028 \*\*277.50

CR2E041 (10/08)

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|--|---|--|
| <b>LIMITED LIABILITY<br/>COMPANY<br/>REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|  |   |  |

DOCUMENT # mo3 00000 2167

1. Limited Liability Company's Name

Unison Industries, LLC

|   |     |  |     |
|---|-----|--|-----|
| <b>2. Principal Office Address - No P.O. Box #</b><br>7575 Baymeadows Way<br>Suite, Apt. #, etc.<br>City & State<br>Jacksonville, Florida<br>Zip<br>32256 |     | <b>3. Mailing Office Address</b><br>One Neumann Way<br>Suite, Apt. #, etc.<br>MD: F104<br>City & State<br>Cincinnati, Ohio<br>Zip<br>45215 |     |
| Country   | USA | Country  | USA |

|   |  |
|---|--|
| <b>4. State/Country of Formation</b><br>Delaware  |  |
| <b>5. Date Organized or Qualified To Do Business in Florida</b><br>07/02/2003   |  |
| <b>6. FEI Number</b><br>593530410   | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |  |

|   |              |       |    |
|---|--------------|-------|----|
| <b>8. Name and Address of Current Registered Agent</b>                    |              |       |    |
| Name<br>Kevin Prindable, Site Leader                                      |              |       |    |
| Street Address (P.O. Box Number is Not Acceptable)<br>7575 Baymeadows Way |              |       |    |
| Suite, Apt. #, Etc.   |              |       |    |
| City  | Jacksonville | State | FL |
| Zip Code  | 32256        |       |    |

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

|  |                     |
|--|---------------------|
| <b>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.</b> |                     |
| Signature of Registered Agent <u>Kevin Prindable</u>   | Date <u>1-26-09</u> |
| 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     |
| Manager   | Michael J. Sims                   | One Neumann Way  | Cincinnati, Ohio 45215 |
| Manager   | Denice Y. Biocca                  | One Neumann Way  | Cincinnati, Ohio 45215 |
| Manager   | Scott A. Ernest                   | One Neumann Way  | Cincinnati, Ohio 45215 |
| <b>REINSTATEMENT</b><br><u>2007-09</u>                      |                                   | 800143807708<br>02/17/09--01038--008 **238.75<br><b>S. HAWKES</b><br>MAR 20 2009 |                        |

|   |   |
|---|---|
| <b>11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as required by 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 is not on the list 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.</b> |   |
| Signature of Managing Member/Manager <u>Michael J. Sims</u>   | Date <u>1/28/09</u> Daytime Phone # <u>513-243-0792</u> |
| Typed or printed name of signing Managing Member/Manager <u>Michael S. Sims</u>   |   |

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