FILED

14 SEP -5 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000003173

1. Limited Liability Company's Name

PROMEX TECHNOLOGIES, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3949 HUDSON STREET	3049 HUDSON STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FRANKLIN, IN	City & State: FRANKLIN, IN
Zip: 46131 / Country	Zip: 46131 / Country

4. State/Country of Formation: INDIANA

5. Date Organized or Qualified To Do Business in Florida: 06/12/2006

6. FEI Number: 35-2123347 ☐ 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

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] DSST VP Date: 9/20/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	DEBORAH BECK	3049 HUDSON STREET	FRANKLIN, IN 46131
MGR	SEAN MILLER	3049 HUDSON STREET	FRANKLIN, IN 46131
MGR	JOE MARK	3049 HUDSON STREET	FRANKLIN, IN 46131
MGR	GREG HANEY	3049 HUDSON STREET	FRANKLIN, IN 46131
MGR	JOHN GILLIGAN	3049 HUDSON STREET	FRANKLIN, IN 46131

11. E-mail Address: JOHNG@HANEYCPA.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 8/29/14 Daytime Phone #: 317-841-6009

Typed or printed name of signing Authorized Representative/Manager: JOHN GILLIGAN

RE 9/8/14