._PLSASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLOR REINSTATEMENT		Secreta	DRIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 APR 27 PM 2: 15			
DOCUMENT # P34035 1. Corporation Name					SECHETALL OF STATE TALLAHASSEE, FLORIDA			
JY INC CROSS REFERENCE Matrix Systems, Inc.					000054242820			
2. Principal Office Address 3. Mailing Of			Office Address Paragon Road [ರೈ.		000054243870 05/11/0501012011 **1058.75			
City & State City & State Dayton, Ohio Dayton			To Do Bu		proporated or Qualified 5/22/91 ber Applied For 02711 Not Applicable			
Zip 4545	Zip 45459 Country USA Zip 45459		Country USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Feature for a Certificate of S		Fee required		
7. Name and Address of Current Registered Agent Name								
Plantation 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617. Signature of Registered Agent Date Max						Zip Code 33324 5 or 617.0503, F.S. March 3, 2005	CP2E081 (01/04)	
REGISTERÉD AGENT.MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
D, COH P, T D, COH	James S. Young		7550 Paragon Road		Dayton, Ohio 45459			
VP	Jeffrey S. Young		7550 Paragon Road		Dayton, Ohio 45459			
S	Joseph C. Jenkins		7550 Paragon Road		Dayton, Ohio 45459			
Asst. S. Asst.	Richard A. Broock		1100 Courthouse Plaza, SW		Dayton, Ohio 45402			
S CFO	Walter Helms John W.Schomburg		7550 Paragon Road 7550 Paragon Road		Dayton, Ohio 45459 Dayton, Ohio 45459			
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all lees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Richard A. Broock, Assistant Secretary SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/2/05 Date Dayline Phone # (937) 449-2800								

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