1052

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 08 FEB -8 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V41485

REINSTATEMENT 06-08

CR2E061 (1/07)

1. Corporation Name

KNOWLES FURNITURE WORKS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4444Lawton	4444 Lawton
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Detroit MI	City & State: Detroit MI
Zip: 48208 Country: USA	Zip: 48208 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/5/1992

5. FEI Number: 38-3061331 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Jessica M. Eisele Date: 2/1/08

REGISTERED Asst Secretary

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
P	Samsuk Kim	4444 Lawton	Detroit, MI 48208
CEO S-T	Dennis R. Kapp	Same	Same
D	Dennis R. Kapp	Same	Same
CFO	Robert Hautamaki	Same	Same

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 the 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 fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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.

SIGNATURE: Dennis R. Kapp 2/1/08 727-480-4226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

02/08/2008 15:33 8502227615 CT CORP PAGE 02/02

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

KNOWLES FURNITURE WORKS, INC.

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