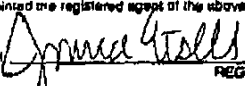


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FILED

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V41485			
1. Corporation Name KNOWLES FURNITURE WORKS, INC.			
2. Principal Office Address - No P.O. Box # 4444 Lawton		3. Mailing Office Address 4444 Lawton	
State, Apt. #, etc.		State, 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 ☐ No, Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ SE 25 Additional fee required for certificate of status			
☐ 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.			
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			
State, Apt. #, Etc.			
City Plantation	State FL	Zip Code 33324	
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 		Date 2/1/08	
REGISTERED AGENT Jessica M. Eisele			
9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	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	Dennis R. Kapp	Same	Same
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 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 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date 2/1/08 727-480-4226	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

2 of 2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

KNOWLES FURNITURE WORKS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

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Corporate Filing Menu

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