APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JAN 18 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 1-2002

DOCUMENT # 838629

1. Corporation Name
Nemschoff Chairs Inc.

2. Principal Office Address	3. Mailing Office Address
909 N 8th Street	PO Box 129
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sheboygan, WI	City & State: Sheboygan, WI
Zip: 53081 Country: US	Zip: 53082-0129 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 6/21/77

5. FEI Number: 39-0797933 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Thea Reynolds

Street Address (P.O. Box Number is Not Acceptable): 18101 Geraci Rd.

Suite, Apt. #, Etc.:

City: Lutz State: FL Zip Code: 33548

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: Thea Reynolds Date: 1-16-02
REGISTERED AGENT MUST SIGN

CR2E081 (10/01)

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
PD	Mark Nemschoff	909 N 8th Street	Sheboygan,WI 53081
D	Richard Pauls	529 Ontario Ave.	Sheboygan,WI 53081
D	Frank Pringle	4751 Bonita Bay Rd #605	Bonita Springs,FL 34134
D	Patrick Trotter	Aurora Medical Center 2629 N. 7th St	Sheboygan,WI 53083
TVP	Steve Oppeneer	909 N 8th Street	Sheboygan,WI 53081
S	Paul Babcock	909 N 8th Street	Sheboygan,WI 53081

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 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.

SIGNATURE: Steve Oppeneer Jan. 17, 2002 920-459-1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #