

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 MAY -7 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

KMT SALES AND SERVICE CORP. F98000003739

800004302818--4

-05/23/01--01103--006

\*\*\*\*908.75 \*\*\*\*908.75

2. Principal Office Address

357 RIVERSIDE DRIVE

3. Mailing Office Address

357 RIVERSIDE DRIVE

Suite, Apt. #, etc.

STE. 230

Suite, Apt. #, etc.

STE. 230

City & State

FRANKLIN, TN

City & State

FRANKLIN, TN

Zip

37064

Country

Zip

37064

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

6/19/1998

**SP**

5. FEI Number

62-1742336

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

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, 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

*Connie Bryan*

**CONNIE BRYAN**

**SPECIAL ASSISTANT SECRETARY**

Date

5/17/01

REGISTERED 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
P	T.D. KRAUS	500 SOUTH 16TH STREET	MANITOWOC, WI 54220
SD	M.D. JONES	500 SOUTH 16TH STREET	MANITOWOC, WI 54220
TD	G.E. TELLOCK	500 SOUTH 16TH STREET	MANITOWOC, WI 54220
D	T.D. GROWCOCK	500 SOUTH 16TH STREET	MANITOWOC, WI 54220

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-01

Date

920-683-8135

Daytime Phone #