

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 22 AM 7:42

OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MJH

DOCUMENT # 602000033157

1. Limited Liability Company's Name  
**DESA FMI, LLC**

700033554797  
04/22/04--01037--004 \*\*1230.00

4/22  
CWS

2. Principal Office Address  
**2701 INDUSTRIAL DRIVE**

Suite, Apt. #, etc.

City & State  
**BOWLING GREEN, KY**

Zip  
**42102**

Country  
**US**

3. Mailing Office Address  
**2701 INDUSTRIAL DRIVE**

Suite, Apt. #, etc.

City & State  
**BOWLING GREEN, KY**

Zip  
**42101**

Country  
**US**

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified  
To Do Business in Florida **12/10/2002**

6. FEI Number **04-3728146**

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. 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**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Susan J. Metz*

**Susan J. Metz**  
**Assistant Secretary**  
REGISTERED AGENT MUST SIGN

Date **4-20-04**

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	HANEMAN, CHARLES	2701 INDUSTRIAL DR	BOWLING GREEN, KY 42101
V/CFO	CLANTON, STEPHEN	2701 INDUSTRIAL DRIVE	BOWLING GREEN, KY 42101
VP	WEIDENHAMMER, CHRIS	2701 INDUSTRIAL DR	BOWLING GREEN, KY 42101
COO	WIESE, JAMES	2701 INDUSTRIAL DR	BOWLING GREEN, KY 42101

REINSTATEMENT 2003-2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*[Signature]*

Date **4-20-04**

Daytime Phone# **270-781 9600**

Typed or printed name of signing Managing Member/Manager

**VP. Corporation Controller**

CR2E041 (10/02)