

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 22 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJM

DOCUMENT # U020000 33162

1. Limited Liability Company's Name

DESA SPECIALTY, LLC

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

04-3728143

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required
for a Certificate of Status**

4/22
CWS

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

Date

4-20-04

REGISTERED AGENT MUST SIGN

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 DR	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

UP Corporate Controller

Date

4-19-04

Daytime Phone #

270-781-9600

Typed or printed name of signing Managing Member/Manager

UP Corporate Controller

CR2E041 (10/02)