

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

DOCUMENT # LO2000033168

1. Limited Liability Company's Name

DESA IP, LLC

2. Principal Office Address

2701 INDUSTRIAL DRIVE

3. Mailing Office Address

2701 INDUSTRIAL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOWLING GREEN, KY

City & State

BOWLING GREEN, KY

Zip

42102

Country

US

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

04-3728149

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. Motze*

Susan J. Motze

REGISTERED AGENT

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 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

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

4-19-04

Daytime Phone #

270-781-9600

Typed or printed name of signing Managing Member/Manager

VP Corporate Counsel

CR2E041 (10/02)