## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000129999

1. Corporation Name

HIG - DESA SPECIALTY, INC.

FILED

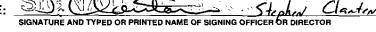
03 OCT 15 PM 4: 50

SEGRETARY OF STAIL FALLAHASSEE, FLORIDA

							]	ÍALLAHAS	SSEE, FLOI	RIDA	
Principal Place of Business Mailing Address											
-C/O HIG GAPITAL LLG					LL BAY DRIVE 27TH FLOOR						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							700024256127 				
2. New Principal Office Address, If Applicable 2701 Industrial Drive 3. New Mailing Office Address, If Applicable							Date Incorporated or Qualified     To Do Rusiness in Florida				
Suite, Apt. #, etc. Suite, Apt. #					·			12/10/2002			
City & State City & State					SAME			04-3728157 Applied For Not Applied be			
City & State 15 owling Green Ky Zip Country Zip Zip				Country			6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status				
421		08			<u> </u>		<u> </u>	E OF STATOS DESIRED L	for a Certif	icate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  Street Address of Each											
Title(s)	and/or Directors			3 Officer and/or Director			City / State / Zip				
₽	Charles HANEMan			2701	エル	similar	ustraical Drive Bowling Green KY 418			4 42101	
<b>√</b>	STEPHON CLANTON			2701	2701 INDUSTRIAL DRIVE Bowling G						
V	Chris Wei denhammer			2701	2701 In Durrial Drive Bouling Green				reen K.	1 42101	
			<u></u>			<del></del>					
			·- <del>-</del>	<u> </u>	<del></del>	RE	INSTA	TEMENT	n	***	
1						7 (300		<i>'</i>			
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM						Name				CH2E040 (7/03)	
	E ISLAND ROAD			Street Address (P.O. Box Num		mber is Not Acceptable)					
PLANTATION FL 33324						Suite, Apt. #, Etc.					
					City			State Zip Code			
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.											
Signature of Registered Agent One Boyen, Special Asst. Sug. Date 10-15-03  REGISTERED AGENT MUST SIGN											
11. 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 filling											

1. 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:



Date

Daytime Phone #