

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 # **P02000130002**

1. Corporation Name

HIG - DESA FMI, INC.

FILED

03 OCT 15 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~C/O HIG CAPITAL LLC
1001 BRICKELL BAY DRIVE 27TH FLOOR
MIAMI FL 33131~~

~~C/O HIG CAPITAL LLC
1001 BRICKELL BAY DRIVE 27TH FLOOR
MIAMI FL 33131~~



300024256083
10/29/03--01065--017 **2250.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2701 INDUSTRIAL DR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Bowling Green Ky 42101

Zip

Country

US.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/2002

5. FEI Number

04-3728154

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Charles Haneman	2701 INDUSTRIAL DR.	Bowling Green Ky 42101
V	Stephen Clanton	2701 INDUSTRIAL DR.	Bowling Green Ky 42101
V	Chris Weidenhammer	2701 INDUSTRIAL DR.	Bowling Green Ky 42101

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8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, 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

SIGNATURE
Connie Bryan
Connie Bryan, Special Asst. Secy.
REGISTERED AGENT MUST SIGN

Date **10-15-03**

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 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
Stephen Clanton
Stephen Clanton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

270-745-7804

CR2E040 (7/03)