

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 # P02000130882

1. Corporation Name

HIG-DESA HEATING, INC.

FILED  
03 OCT 15 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

G/O HIG-CAPITAL LLC

G/O HIG-CAPITAL LLC

1001 BRICKELL BAY DR 27 FLOOR

1001 BRICKELL BAY DR 27 FLOOR

MIAMI FL 33131

MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

City & State

City & State

Bowling Green KY

Zip

Country

Zip

42101

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/2002

5. FEI Number

04-3728137

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 Drive	Bowling Green Ky 42101
V	Stephen CLANTON	2701 Industrial Drive	Bowling Green Ky 42101
V	Chris Weidenhammer	2701 Industrial Drive	Bowling Green Ky 42101

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8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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  
Concepcion  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Stephen Clanton

Date

Daytime Phone #

CH2E040 (7/03)