

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V41485

1. Corporation Name
KNOWLES FURNITURE WORKS, INC.

Principal Place of Business: **4444 Lawton Ave, Detroit, Mi 48208**
 Mailing Address: **6822-22nd Ave N, Suite 214, St. Petersburg, Fl 33710**

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/05/1992	
City & State		City & State		5. FEI Number	
Zip		Country		38-3061331	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	DENNIS R. KAPP	6822-22nd Ave N. Suite 214	St Petersburg, Fl 33710
CFO	Robert W. Hautamaki	4444 Lawton Ave	Detroit, Mi 48208

REINSTATEMENT 95-01
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Capital Connection, Inc. 417 East Virginia St Suite 1 Tallahassee, Fl 32301		Name: Dennis R. Kapp Street Address (P.O. Box Number is Not Acceptable): 6822 22nd Ave N. Suite, Apt. #, Etc.: Suite 214 City: St. Petersburg State: FL Zip Code: 33710	

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.

Signature of Registered Agent: *Dennis R. Kapp* Date: **10/17/01**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 *Robert W. Hautamaki* **10/17/01** **313-895-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)