

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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1992

5. FEI Number

38-3061331

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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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***1658.75 ***1658.75

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
REGISTERED AGENT MUST SIGN

Date 10/17/01

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Hautamaki

10/17/01

313-895-0700

Daytime Phone #