

#908.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 24 AM 8:00

DOCUMENT # **V41485**

1. Corporation Name

**KNOWLES FURNITURE WORKS, Inc.****REINSTATEMENT 03-04****MRS**

2. Principal Office Address

**4444 LAWTON**

Suite, Apt. #, etc.

3. Mailing Office Address

**6822-22ND AVE N**

Suite, Apt. #, etc.

**SUITE 214**4. Date Incorporated or Qualified  
To Do Business in Florida**6/5/92**

5. FEI Number

**38-3061331**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

City &amp; State

**DETROIT, MI**

City &amp; State

**ST PETERSBURG FL**

Zip

**48208**

Country

**USA**

Zip

**33710**

Country

**USA**

## 7. Name and Address of Current Registered Agent

Name

**DENNIS KAPP**

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

**6822 22ND AVE N.**

Suite, Apt. #, Etc.

**SUITE 214**

City

**ST PETERSBURG****700040687747****08/31/04--01032--008 \*\*900.00****700040687747****08/31/04--01032--009 \*\*26.25****FL****33710**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **8/18/04**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	DENNIS KAPP	6822-22ND AVE N	ST PETERSBURG, FL 33710
PRES	DANA BAIN	4444 LAWTON	DETROIT, MI 48208
CPD	ROBERT HAUTAMAKI	4444 LAWTON	DETROIT, MI 48208

10. 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**8/19/04**  
Date**713**  
**895-0707**  
Daytime Phone #

CR2001 (01/04)