

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 # 269249

1. Corporation Name  
KEEN DEVELOPMENT COMPANY

Principal Place of Business  
3449 E. MAIN STREET  
PAHOKEE, FL 33476

Mailing Address  
P. O. 471, PAHOKEE, FL  
33476

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

2. New Principal Office Address, If Applicable  
DONALD KOHL, ATTORNEY

Suite, Apt. #, etc.  
2315 S. CONGRESS AVE

City & State  
WEST PALM BEACH, FL 33406

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	RICHARD C. KEEN	2250 COTTONTAIL DRIVE	LOXAHATCHEE, FL 33470
SEC/TREAS	FLORENCE S. KEEN	2250 COTTONTAIL DRIVE	LOXAHATCHEE, FL. 33470

8. Name and Address of Current Registered Agent

DONALD KOHL, ATTORNEY AT LAW  
2315 S. CONGRESS AVE  
WEST PALM BEACH, FL 33406

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.

Signature of Registered Agent  
Donald P. Kohl  
REGISTERED AGENT MUST SIGN

Date  
11-13-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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

Date

Daytime Phone #

FILED

98 NOV 16 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-98

CR2040 (12/95)