

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 JAN 18 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 269249

1. Corporation Name

KEEN DEVELOPMENT CO

269 249

NO200000349

2. Principal Office Address

3449 EAST MAIN STREET

Suite, Apt. #, etc.

City & State

PAHOKEE, FLORIDA

Zip

33476

Country

U.S.A.

3. Mailing Office Address

2250 COTTONTAIL DR.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FLORIDA

Zip

33470

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4-22-63

5. FEI Number

59-2177630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard C. Keen

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

2250 Cottontail Dr.

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

Richard C. Keen

Date

1-17-02

REGISTERED AGENT MUST SIGN

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
PRES.	RICHARD CHARLES KEEN	2250 COTTOTAL DR.	LOXAHATCHEE, FL. 33470
SEC	FLORENCE KEEN	2250 COTTOTAL DR.	LOXAHATCHEE, FL. 33470

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:

Richard C. Keen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-01

Date

(561) 924-5848

Daytime Phone #

CR2E081 (9/00)

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Keen Development Company
3449 East Main Street
Pahokee, Florida 33476

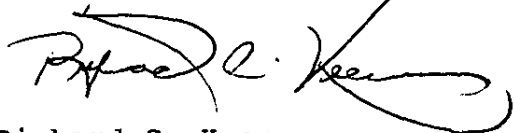
December 19, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern;

Our company, (Keen Development Company) has not recieved any renewal forms since 1998. A check has been enclose for \$458.75, \$450.00 for reinstatement and \$8.75 for certificate of status. Please reinstate. Thank You in advance.

Yours for God and Country,

A handwritten signature in dark ink, appearing to read "Richard C. Keen", with a stylized flourish at the end.

Richard C. Keen