

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN -7 AM 9:41

DOCUMENT # 378279

Corporation Name

Keene, Inc.

1. Principal Office Address

1822 Montclair Road

Suite, Apt. #, etc.

3. Mailing Office Address

355 Lexington Ave.

Suite, Apt. #, etc.

suite 1700

City & State

Clearwater, FL

City & State

New York, New York

Zip

33763

Country

Pinellas, USA

Zip

10017

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/08/1971

5. FEI Number

59-1363992

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

Agnes C. Rush

300004429693

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

1822 C. Montclair Road

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33763

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

Agnes C. Rush

REGISTERED AGENT MUST SIGN

Date 6-4-'01

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
PD	Rush, Peter S.	87 Willow Avenue	Larchmont, N.Y. 10538

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)(l), 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: Peter Rush 6/4/01 (212) 297-9047  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #