

128550

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.

REINSTATEMENT 99-01

1. Principal Office Address
822 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 Country
33763 Pinellas, USA

Zip Country
10017 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 300004429693-4
Street Address (P.O. Box Number is Not Acceptable) 1822 C. Montclair Road -06/19/01--01039--122
Suite, Apt. #, Etc. ***1916.25 ***1010.00
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 |
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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 Peter Rush 6/4/01 (212) 297-9047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)