

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 DEC 30 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 000000032884

1. Corporation Name

KEELEY INC.

2. Principal Office Address

1668-E Old Route 30

Suite, Apt. #, etc.

City & State

Orrtanna, Pa

Zip

17353

Country

USA

3. Mailing Office Address

1668-E Old Route 20

Suite, Apt. #, etc.

City & State

Orrtanna

Zip

17353

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

3/31/2000

5. FEI Number

030415911

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Keeley Nagle

Anna Estes

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

1668-E Old Route 30

1150 Mahan Dr

200062327952  
12/21/05--01034--015 \*\* \$50.00

Suite, Apt. #, Etc.

Tallahassee, FL 32308

Orrtanna

PA FL 17353

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

Keeley Nagle Anna Estes

REGISTERED AGENT MUST SIGN

Date

12-10-05

12/30/05

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
P	Keeley Nagle	1668-E Old Route 30	Orrtanna, PA 17353
VP	Eric C. Nagle	1668-E Old Route 30	Orrtanna, PA 17353

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:

Keeley Nagle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-05

Date

717-334-0775

Daytime Phone #

K. Eckel DEC 30 2005