

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 12 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000005947**

1. Corporation Name

JAMES O. KEEGAN, INC.

REINSTATEMENT 03

Principal Place of Business

Mailing Address

9110 SOUTHMONT COVE #102
FORT MYERS FL 33908

9110 SOUTHMONT COVE #102
FORT MYERS FL 33908

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



200025455702
12/12/03--01040--023 **150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1092046

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KEEGAN, JAMES O	9110 SOUTHMONT COVE #102	FORT MYERS FL 33908

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEEGAN, JAMES O

9110 SOUTHMONT COVE #102

FORT MYERS FL 33908

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-17-03

11. 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 made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-433
8 4336

Turn Around and Renewal

A Retail Consulting Company

To: STATE OF FL.

From JAMES C. KEEGAN INC.

Date: 12/8/03 -

Re: my Cond -

I CANNOT IMAGINE my ACCOUNTANT
PROBLEMS AS THEY RELATE TO THE
STATE OF FLA. BUT I'm TRYING TO
RESOLVE THEM AND YOUR RECORDING
INDICATOR THAT 150⁰⁰ WOULD DO IT!!

ENCLOSED IS 150⁰⁰ ———— Please Review

TO YOU ———— I Thank You —
PLEASE! PLEASE!
HELP ME