

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 23 PM 3:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

600089980686
03/02/07--01003--012 **458.75

REINSTATEMENT 05-07
CR2E081 (1/07)

DOCUMENT # P04000005899

1. Corporation Name

K. KEENE INC.

2. Principal Office Address - No P.O. Box #

2704 S.E. 8TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4065

Suite, Apt. #, etc.

NORTH FT MYERS

City & State

CAPE CORAL

City & State

17

11

Zip

33904

Country

LEE

Zip

33918

Country

LEG

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

13-4272455

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

KATHY KEENE

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

2704 S.E. 8TH AVE

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Kathy Keene

Date 2/19/07

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
1	KATHY KEENE	2704 S.E. 8TH AVE	CAPE CORAL, 33904

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 contained in Chapter 119, 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:

Kathy Keene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07

Date

863-599-0014

Daytime Phone #