

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # P04000134585</b><br>1. Entity Name<br><b>KEEN BROS., INC.</b>   |   |   |  |    |  |
| Principal Place of Business<br><b>24450 STATE ROAD 62<br/>PARRISH, FL 34219</b>   |   |   | Mailing Address<br><b>24450 STATE ROAD 62<br/>PARRISH, FL 34219</b>  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>Post Office Box 809</b><br><br>Suite, Apt. #, etc. |  |   |  |
| City & State  |   | City & State<br><b>PARRISH, FLORIDA</b>                                     |  |   |  |
| Zip   | Country   | Zip<br><b>34219</b>   | Country<br><b>USA</b>  | 4. FEI Number<br><b>20-1611824</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KEEN, JAMES W<br/>24450 STATE ROAD 62<br/>PARRISH, FL 34219</b>   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE <u><i>James W Keen</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>10-13-05</u>   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2006, Fee will be \$300.00</b>  |   |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D/P<br/>KEEN, JAMES W<br/>24450 STATE ROAD 62<br/>PARRISH, FL 34219</b> <input type="checkbox"/> Delete                    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TREASURER<br/>HOLLY KEEN<br/>24450 STATE ROAD 62<br/>PARRISH, FL 34219</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D/VF<br/>CARNELIOUS, KEEN III<br/>4508 3RD AVE EAST<br/>BRADENTON, FL 34208</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DIRECTOR / VICE PRESIDENT<br/>CALLON C. KEEN III<br/>4508 3RD AVENUE EAST<br/>BRADENTON, FL 34208</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |   |  |
| SIGNATURE: <u><i>James W Keen</i></u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | <u>10-13-05</u> <u>941-730-1481</u><br>Date Daytime Phone #  |   |  |

FILED  
 05 DEC 12 PM 3:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**REINSTATEMENT**  
 T. Reports DEC 13 2005



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