

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

95 APPLICATION ANNUAL
FOR Report
RESTATEMENT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

95 MAR 23 AM 10:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P9360004110**
 Keenan Insurance Agency, Inc.
 116 Canal Street, Suite D, PO Box 1967
 New Smyrna Beach, FL 32170-1967

2. If Address in P.O. Box, enter the correct address below:

Address
 City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address
 City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: **June 10, 1994**
 5. FEI Number: **133729539**
 FEI Number Applied For: **\$8.75 Additional Fee required for a Certificate of Status**
 FEI Number Not Applicable: **CERTIFICATE OF STATUS DESIRED**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Patrick J. Keenan, Sr.	(HOME) 26 Douglas Ct. (Office) 1 E. Central Ave. 2nd Floor	Pearl River, NY 10965 Pearl River, NY 10965
V.P.	Daniel P. Keenan	4150 So. Atlantic Bldg. #118B	New Smyrna Beach, FL 32169

1-800-414-3926
 -03/24/95--01071--013
 ****208.75 ****208.75

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Daniel P. Keenan
 4150 So. Atlantic Ave,
 Bldg. #118B
 New Smyrna Beach, FL 32169

9. If changed, new registered agent / office

Name
 Street Address (Do NOT Use P O Box Number)
 Street Address (Do NOT Use P O Box Number)
 City State Zip
 FL, CH

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.

Signature of Registered Agent: *Daniel P. Keenan*
 REGISTERED AGENT MUST SIGN

Date: *1/27/94*

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: *Patrick J. Keenan* Date: *1/20/95* Daytime Phone: *1-800-732-6572*
 Typed or printed name of signing officer or director

CR-604 (8-92)