

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000022718**

1. Corporation Name

KEANE MACHINES INC.

2. Principal Office Address

1300 E. NEW YORK AVE.

3. Mailing Office Address

1300 E. NEW YORK AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND, FL

City & State

DELAND, FL

Zip

32724

Country

USA

Zip

32724

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1997

5. FEI Number

59-3432795

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

CHRISTENSEN, STEVEN E.

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

1300 E. NEW YORK AVE.

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32724

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/02/2002

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
PDC	CHRISTENSEN, STEVEN E.	1300 E. NEW YORK AVE.	DELAND, FL 32724
STMD	CHRISTENSEN, MERTON J.	50 WILDWOOD TR.	DELAND, FL 32720

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:

[Signature]

STEVEN E. CHRISTENSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/02/2002

Daytime Phone #

386-740-1320

js 10/4/02

KEANE MACHINES, INC.

1300 East New York Ave., DeLand, FL 32724

Phone: (386) 740-1320 Fax: (386) 740-1321

October 2, 2002

Dear Sir or Madam:

We have just discovered that Keane Machines Inc. has not been filing our required yearly UBR Uniform Business Report since 2000 and that it has been suspended. We did not receive the yearly notifications due to a change of address.

We respectfully request that you waive the additional fees and reinstate the corporation. We have included the \$450 fee and the additional \$8.75 for Certificate of Status.

If you have any problems or further requirements, please contact:

Steven E. Christensen, President
1-386-740-1320

Thank you,

Steven E. Christensen

