

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000008905**

1. Corporation Name

KEELEY & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

P O BOX 86323
13210 3RD ST. E.
MADEIRA BCH FL 33738

611 WEST AZEELE STREET
TAMPA FL 33606

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1999

5. FEI Number

59-3558757

Applied For

Not Applicable

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
P	KEELEY, WILLIAM	P O BOX 86323	MADEIRA BCH FL 33738

700033094687
04/19/04--01068--024 **\$600.00
700033094687
04/19/04--01068--025 **\$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

H. STRATTON SMITH, III
611 WEST AZEELE STREET
TAMPA FL 33606

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

3/24/04

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 if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/04 727
804-0176
Daytime Phone #

FILED

04 MAY -7 PM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

CR2E040 (7/03)

pg 2 of 2

Keeley & Associates, Inc.

April 28, 2004

Florida Dept. of State
Division of Corporations
Mr. Sean Toner
P O Box 6327
Tallahassee FL 32314

Re: P99000008905

This letter will serve to request an abatement of the reinstatement fee applied to the 2003 Corporate Annual Report for the above entity and our telephone conversation of April 28, 2004.

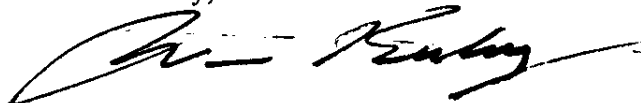
On March 13, 2003 we experienced a fire which resulted in our relocation until October of 2003. This fire resulted in all files, computers and business related documents being destroyed and our not receiving the second notice. Past records will reflect timely filings of the Uniform Business Report.

We have enclosed the completed Reinstatement Application along with the appropriate fee and ask your consideration in the abatement of the reinstatement fee. A document from our insurance company is also provided for verification of the fire and relocation.

Please refund William T. Keeley the overage of \$441.25 allowing for payment of the current calendar year filing of \$150.00 and the \$8.75 certificate of status fee to the below address.

If you have any questions, please call me at 727-804-0176 or 727 393-9676.

Sincerely,



William T. Keeley
President

/enclosure: