

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025910

1. Corporation Name -

BIOKINETICS, INC.

Principal Place of Business

2743 N.W. 28TH STREET
BOCA RATON FL 33434

Mailing Address

2743 N.W. 28TH STREET
BOCA RATON FL 33434

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

2. New Principal Office Address, If Applicable #

1039 Hillsboro mile #10

Suite, Apt. #, etc.

Hillsboro Beach, FL

City & State

33062 USA

Zip

Country

3. New Mailing Office Address, If Applicable #

1039 Hillsboro mile #10

Suite, Apt. #, etc.

Hillsboro Beach, FL

City & State

33062 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/2001

5. FEI Number

65-1098886

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ROBERTS, JAMES E JR.	2743 N.W. 28TH STREET	BOCA RATON FL 33434
		1039 Hillsboro mile #10	Hillsboro Beach, FL 33062

8. Name and Address of Current Registered Agent

ROBERTS, JAMES E JR.

2743 N.W. 28TH STREET

BOCA RATON FL 33434

9. Name and Address of New Registered Agent

Name

Roberts James E JR

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

1039 Hillsboro mile #10

Suite, Apt. #, Etc.

Apt. # 10

City

Hillsboro Beach

State

FL

Zip Code

33062

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/30/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

To Whom It May Concern,

This letter serves to confirm BioKinetics, Inc. did not receive the two prior uniform business report notices. The report and appropriate fee of \$150.00 has been enclosed as well as the company's change of address. Thank you for your attention in this matter.

Regards,

Jim Roberts, MS, CSCS
President
BioKinetics, Inc.
1039 Hillsboro Mile, Unit 10
Hillsboro Beach, FL 33062