

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 7:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036102

1. Corporation Name

KINEMATRICS, INC.

Principal Place of Business

5460 APPALACHEE PKWY.  
TALLAHASSEE FL 32311

Mailing Address

5460 APPALACHEE PKWY.  
TALLAHASSEE FL 32311

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/10/2001

5. FEI Number

59-3719081

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
P	OSTERBYE, PAUL	700 MEDALLION WAY	TALLAHASSEE FL 32303
CEO	AMBROSE, FRANKLIN	2543 FRED SMITH RD.	TALLAHASSEE FL 32303
S	OSTERBYE, LORNA	700 MEDALLION WAY	TALLAHASSEE FL 32303
D	AMBROSE, SUZANNE	2543 FRED SMITH RD.	TALLAHASSEE FL 32303

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10/30/02--01048--009 \*\*750.00

8. Name and Address of Current Registered Agent

~~KELLEY, DIANE CPA~~  
~~1549 COLONIAL DR.~~  
~~TALLAHASSEE FL 32303~~

9. Name and Address of New Registered Agent

Name

Lorna Osterbye

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

5460 Appalachee Pkwy

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

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]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/29/02

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]*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02 850-509-1206

Date

Daytime Phone #

CR2E040 (8/02)