

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 16 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35360**

1. Corporation Name **KINETIC AWARENESS CENTER, INC.**

Principal Place of Business

Mailing Address

1622 LAUREL ST

SARASOTA FL.

34236 USA

SAME

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

SEPT. 5, 1991

5. FEI Number

13-3378836

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	ELAINE SUMMERS	1622 LAUREL ST.	SARASOTA FL 34236
V.PRES.	MARGUERITE THOMAS	25 TUDO CITY PLACE	NEW YORK NY 10017
SECTY	ROBIN POWELL	76 ST. MARK'S PLACE	NEW YORK N.Y. 10003
DIR	MICHELLE BERNE	1921 MANNING AV.	LOS ANGELES CA 90025
DIR	PEARL BOWSER	71 JORALEMON ST	BROOKLYN N.Y.
DIR	BARBARA LEVERONE	505 SO ORANGE AVE	SARASOTA FL 34236

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REINSTATEMENT

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

REGISTERED AGENT MUST SIGN

Name

Jim Gay, CPA

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

Suite, Apt. #, Etc.

City

Bradenton

10000 32nd St. W. D5

07/22/98 01009-007

******297-50 ****297-50**

FL 34205

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

N/A

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #