

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUN 14 PM 3:55

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TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 503964

1. Corporation Name

KINESIS, INC.

2. Principal Office Address

299 CANAL GARDENS BLVD.

Suite, Apt. #, etc.

302

City & State

BUENA VISTA, FL.

Zip

33432

Country

FLORIDA

3. Mailing Office Address

801 SHORE DR.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33435

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

10-4-90

5. FEI Number

650224519

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

GENE ABELSON

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

801 SHORE DR.

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33435

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

Gene Abelson

Date

6-12-06

REGISTERED AGENT MUST SIGN

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
<u>DPS</u>	<u>GENE ABELSON</u>	<u>801 SHORE DR.</u>	<u>BOYNTON BEACH, FL 33435</u>

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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 contained in Chapter 119, 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:

Gene Abelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-06

Date

954-421-3665

Daytime Phone #