

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F44035**

1. Corporation Name  
**CHARLES H. KATES, D.D.S, P.A.**

FILED  
 01 OCT 15 PM 12:36  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

1 NORTHEAST 168TH STREET NORTH MIAMI BEACH FL 33162

1 NORTHEAST 168TH STREET NORTH MIAMI BEACH FL 33162



2001 UBR

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 **09/01/1981**

5. FEI Number **59-2124293**  
 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	KATES, CHARLES H	1 NORTHEAST 168TH STREET	N MIAMI BEACH FL

100004668851--0  
 -11/06/201--01046--006  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

**KATES, ADELE, MED CCC**  
**1 NE 168TH ST**  
**NORTH MIAMI BEACH FL 33162**

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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 Adelle Kates, med. Date Oct. 11, 2001  
 REGISTERED AGENT MUST SIGN

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: Charles H. Kates Date 10-11-01 Daytime Phone # (305) 651-6442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

DIPLOMATE AMERICAN BOARD OF ORAL  
AND MAXILLOFACIAL SURGERY

FELLOW AMERICAN DENTAL  
SOCIETY OF ANESTHESIA

CHARLES H. KATES, D.D.S.  
ORAL & MAXILLOFACIAL SURGEON  
1 N.E. 168th Street  
NORTH MIAMI BEACH, FLORIDA 33162

TELEPHONE 651-6442

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10/11/01

Uniform Business Report  
Division Of Corporation  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Charles H. Kates, D.D.S., P.A.

Dir Sir or Madam:

Enclosed please find a Uniform Business Reinstatement Form for Charles H. Kates, D.D.S., P.A.. The company never received the UBR Form for 2001. I called your office to discuss this problem. Pursuant to that conversation I am respectfully asking for an abatement of penalties. Also please find enclosed a check in the amount of \$150 for reinstatement for the year 2001.

I want to thank you for all of the help that was given to me. If you have any questions, please call me at the above telephone number.

Sincerely yours,

*Charles H. Kates*  
Charles H. Kates, D.D.S.

CHK:egr