


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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.

Principal Place of Business

Mailing Address

**1 NORTHEAST 168TH STREET
NORTH MIAMI BEACH FL 33162**

**1 NORTHEAST 168TH STREET
NORTH MIAMI BEACH FL 33162**

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

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KATES, CHARLES H	1 NORTHEAST 168TH STREET	N MIAMI BEACH FL

100004668851--0

-11/06/01--01046--006

******150.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Adele 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 Charles H. Kates 10-11-01 (305)651-6442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

DIPLOMATE AMERICAN BOARD OF ORAL
AND MAXILLOFACIAL SURGERY

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

TELEPHONE 651-6442

FELLOW AMERICAN DENTAL
SOCIETY OF ANESTHESIA

2012

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