2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F44035

Entity Name: CHARLES H. KATES, D.D.S, P.A.

FILED Feb 11, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
1 NORTHEAST 168TH STREET NORTH MIAMI BEACH, FL 33162	
Current Mailing Address:	New Mailing Address:
1 NORTHEAST 168TH STREET NORTH MIAMI BEACH, FL 33162	
FEI Number: 59-2124293 FEI Number Applied For () FE	Il Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
KATES, ADELE, MED CCC 1 NE 168TH ST NORTH MIAMI BEACH, FL 33162 US	KATES, ADELE MRS. 1 NE 168TH ST NORTH MIAMI BEACH, FL 33162 US
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	
SIGNATURE: ADELE KATES	02/11/2007
Electronic Signature of Registered Agent	Date

OFFICERS AND DIRECTORS:

Election Campaign Financing Trust Fund Contribution ().

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: KATES, CHARLES H D.D.S. Name: Address: 1 NORTHEAST 168TH STREET Address:

Address: 1 NORTHEAST 168TH STREET Address: City-St-Zip: N MIAMI BEACH, FL 33162 US City-St-Zip:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Title: S () Delete Title: () Change () Addition

 Name:
 KATES, ADELE M.ED
 Name:

 Address:
 1 NE 168 STREET
 Address:

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H. KATES DR. 02/11/2007