PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 22 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010258

1. Corporation Name

ROBERT H. KAUFMAN, D.M.D., P.A.

2. Principal Office Address	**3.** Mailing Office Address
2440 TIGERTAIL AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT GROVE, FL	City & State
Zip: 33133 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/9/98

5. FEI Number (65-0885980) ☐ 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: DR. ROBERT KAUFMAN

Street Address (P.O. Box Number is Not Acceptable): 2440 TIGERTAIL AVE

Suite, Apt. #, Etc.: C

City: COCONUT GROVE, FL. 33133 | State: FL | Zip Code: 33133

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	ROBERT KAUFMAN, D.M.D	2440 TIGERTAIL AVE	COCONUT GROVE, FL 33133

800434121 3
12/14/04--01052--009 **900.00

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 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: _____ (ROBERT KAUFMAN) 11/11/04 (305) 710-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

November 12, 2004

Dear Sirs:

I am writing in regard to the corporation named Robert H. Kaufman, D.M.D., P.A.; document number P9800102528. This corporation was formed on December 9, 1998.The registered agent at that time was an attorney named Steven Lieberman. His listed address was 9792 SW 133rd Terrace, Miami, and Fl. 33176.

Through some investigative research on my part, I have recently learned that the aforementioned corporation was inactivated in 1999. Apparently the appropriate annual fees were not paid. According to your office, all correspondence regarding this corporation was sent to Mr. Lieberman. I, the sole officer of this corporation, never received any correspondence from either your office nor from Mr. Lieberman since the time this corporation was formed. I was unaware of any past due fees or any existing financial obligation to the State of Florida until I discovered this situation last week.

I have contacted Mr. Lieberman and was gravely upset with his lack of professionalism and neglect for his apparent responsibility in either returning the correspondence received back to your office or forwarding it on to me. I have recently contacted the Miami Dade County Bar Association and plan on filing a formal complaint as soon as I receive the formal documents. I feel as though I had done everything as a layperson that I knew was correct regarding this matter, only to find that the attorney I hired to form this corporation was totally negligent in his duties to report to me about any future responsibilities I would have with the State of Florida. Please keep in mind that I have filed a corporate federal tax return for every year that this corporation has existed.

Enclosed please find a check for 900.00 to cover all the back fees that are apparently due to reinstate this corporation. I am kindly requesting that the $600.00 penalty fee be waived do the abovementioned circumstances. I am a responsible law abiding citizen and have always been responsible in my obligations. I was simply unaware of the events that had transpired until very recently and doing my very best to rectify them and bring myself into compliance as quickly as possible.

Thank you for your consideration of this request.

Sincerely,

Robert Kaufman, D.M.D.

Robert Kaufman, D.M.D.