


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

|                                                                                          |                                                                                   |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000060003</b><br>1. Entity Name<br><b>LIVING WELL CARE CENTER CORP.</b> |  |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

FILED  
06 AUG 15 PM 4:23



SECRET  
TALLAHASSEE, FLORIDA



|                                                                           |                     |                                                               |         |
|---------------------------------------------------------------------------|---------------------|---------------------------------------------------------------|---------|
| Principal Place of Business<br><b>6321 SW 106 AVE<br/>MIAMI, FL 33173</b> |                     | Mailing Address<br><b>6321 SW 106 AVE<br/>MIAMI, FL 33173</b> |         |
| 2. Principal Place of Business                                            | 3. Mailing Address  |                                                               |         |
| Suite, Apt. #, etc.                                                       | Suite, Apt. #, etc. |                                                               |         |
| City & State                                                              | City & State        |                                                               |         |
| Zip                                                                       | Country             | Zip                                                           | Country |

08112006 REIN-P CR2E098 (11/05)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>260083701</b>                                                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                                                        |

|                                                                                                                 |                                                                                  |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>ROMERO, INGRID<br/>985 SW 149 CT.<br/>MIAMI, FL 33194</b> | 7. Name and Address of New Registered Agent                                      |
|                                                                                                                 | Name <b>Alma Olivares</b>                                                        |
|                                                                                                                 | Street Address (P.O. Box Number is Not Acceptable)<br><b>6997 W 29th Av #106</b> |
|                                                                                                                 | City <b>Hialeah</b> <b>FL</b> Zip Code <b>33018</b>                              |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alma Olivares*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$300.00**

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

| 10. OFFICERS AND DIRECTORS                     |                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                 |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ROMERO, INGRID<br>985 SW 149 CT.<br>MIAMI, FL 33194<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Alma Olivares<br>6997 W 29th Av #106<br>Hialeah - FL 33018<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SIMON, OLGA<br>6321 SW 106 AVE<br>MIAMI, FL 33173<br><input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br>200079128092<br>08/25/06--01032--011 **300.00<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alma Olivares*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #