PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 NOV 14 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

DOCUMENT # P04000060003

1. Corporation Name

LIVING WELL CARE CENTER CORP.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3779 SW 135 AV	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33175 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 260083701 ☐ 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: OLGA SIMON

Street Address (P.O. Box Number is Not Acceptable): 3779 SW 135 AVE.

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33175

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Olga Simon — Date: 11/13/07

REGISTERED AGENT MUST SIGN

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
P	MILDRED PERALTA	3779 SW 135 AV	MIAMI FL 33175
VP	OLGA SIMON	3779 SW 135 AV	MIAMI FL 33175
VP	MICHAEL JOHNSON	3779 SW 135 AV	MIAMI FL 33175

000112462460
11/20/07--01042--006 **150.00

REINSTATEMENT

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 contained in Chapter 119, 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: Olga Simon

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

LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LIVING WELL CARE CENTER (Corporation Name) _____ (Document #)
2. CORP. (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☒ Walk in ☒ Pick up time 2.00 ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☒ Reinstatement
- ☐ Trademark
- ☐ Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Examiner's Initials

CR2E031(7/97)