

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000007320

1. Corporation Name

WELL COME CENTER, INC.

REINSTATEMENT 03-05

2. Principal Office Address
7325 SW 63rd Avenue

3. Mailing Office Address
7325 SW 63rd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Fl

City & State
Miami, Fl

Zip
33143

Country
Miami-Dade

Zip
33143

Country
Miami-Dade

4. Date Incorporated or Qualified
To Do Business In Florida 9/23/02

5. FEI Number

☒ 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

Alvin N. Weinstein

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

19 West Flagler Street

Suite, Apt. #, Etc.

Suite 1400

City

Miami

State

FL

Zip Code

33130

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

Alvin N. Weinstein
REGISTERED AGENT MUST SIGN

Date

7/11/05

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
Pres.	Maxine H. Weinstein	13860 SW 73rd Court	Miami, FL 33158
VP	Molli Hart Robbins	13024 SW 90th Court	Miami, Fl 33176
Sec	Alvin N. Weinstein	13860 SW 73rd Court	Miami, Fl 33158

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:

Alvin N. Weinstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/05

Daytime Phone #

305 377-3042

FILED

05 JUL 14 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA