

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 MAR 11 AM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300120387303
03/14/08--01026--012 **183.75

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **02000007320**

1. Corporation Name

WELL COME CENTER, INC.

W08000008723

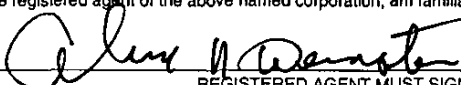
2. Principal Office Address 6601 S.W. 80th Street Suite, Apt. #, etc. SUITE 202 City & State MIAMI, FLORIDA Zip 33143 Country USA		3. Mailing Office Address 6601 S.W. 80th Street Suite, Apt. #, etc. SUITE 202 City & State MIAMI, FLORIDA Zip 33143 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 9/23/02	
5. FEI Number 20-3991952	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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) 13860 S.W. 73rd COURT	
Suite, Apt. #, Etc.	
City MIAMI, FLORIDA	State FL
	Zip Code 33158

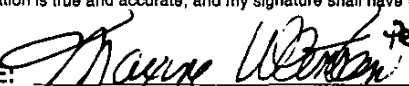
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** Date **2/15/08**

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 WEINSTEIN	13860 S.W. 73rd Ct.	Miami, FL 33158
V. PRES	MOLLI HART ROBBINS	17130 S.W. 84th Avenue	Palmetto Bay, Fla 33157
Sety	ALVIN N. WEINSTEIN	3860 S.W. 73rd Ct.	Miami, Flori 33158
REINSTATEMENT 06-08			

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 filling 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:  **MAXINE WEINSTEIN** Date **2/15/08** 305 377.3042

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

CR2E081 (01/05)

LAW OFFICE OF
ALBERT E. MOON
PROFESSIONAL ASSOCIATION
SUITE 705 BISCAYNE BUILDING
19 WEST FLAGLER STREET
MIAMI, FLORIDA 33130



TELEPHONE (305) 379-7362
FAX (305) 379-7365
E-MAIL AEMOONG10@MSN.COM

February 27, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32399

RE: **WELL COME CENTER, INC.**
NO. 2000007320

TO WHOM IT MAY CONCERN:

I am in receipt of your letter dated 2/19/08 (enclosed).

Please accept check #7878 in the amount of \$183.75 representing the reinstatement fee for the above referenced corporation.

I have also enclosed the application for reinstatement.

Should you have any questions with regard to the enclosed, please feel free to contact me at your earliest convenience.

Very truly yours,

ALVIN N. WEINSTEIN, ESQUIRE

ANW:ao

Encls.

*Didn't Receive Form
for Annual Report*