

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -7 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000005248

1. Corporation Name
WELLSTAR Financial SERVICES, INC.

2. Principal Office Address
350 E 53 SE

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33013

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified To Do Business in Florida

1/18/2000

5. FEI Number

650973896

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

Elisa Ramirez

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

350 E 53 SE

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33013

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

[Signature]

Date

4/28/03

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
PD	PEDRO Betancourt	350 E. 53 SE	Hialeah, FL 33013
SD	Yoandra Betancourt	350 E. 53 SE	Hialeah, FL 33013
TD.VP	Elisa Ramirez	350 E. 53 SE	Hialeah, FL 33013

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:

[Signature] Elisa Ramirez

4/28/03

305-827-6844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

WELLSTAR FINANCIAL SERVICES, INC

350 E 53 STREET

HIALEAH, FLA 33013

(305) 827-6844 FAX (305) 828-0347

Department of State
Division of Corporation
409 East Gaines St.
Tallahassee, Fla 32399

Ref: Reinstatement of Corporation

Dear Sir or Madam:

I would like to request with this letter and attached application for reinstatement to reinstate WellStar Financial Services, Inc.

We have not received last year or this year application for filing annual reports. We moved on January of last year to the above address and apparently the form got lost in the mail.

I apologize for any inconvenience this situation may have caused and ask for your help to resolve this situation.

Enclosed, please find check # 3438 in the amount of \$300.00 covering last year filing and this year.

If you need any additional information, please don't hesitate to contact me at the number listed above. If you wish you can also contact me by email at 4welstar@bellsouth.net.

I thank you in advance your attention and help.

Sincerely,



Elisa Ramirez
Treasurer