

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -5 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04 000019780**

1. Corporation Name

Well USA Inc

2. Principal Office Address - No P.O. Box #

10755 NW 50 STREET

3. Mailing Office Address

10755 NW 50 STREET

Suite, Apt. #, etc.

APT 207

Suite, Apt. #, etc.

APT 207

City & State

DORAL FL

City & State

DORAL FL

Zip

33178

Country

EUA

Zip

33178

Country

EUA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2004

5. FEI Number

20-0405230

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

Wellington J De Oliveira

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

10755 NW 50 STREET

Suite, Apt. #, Etc.

APT 207

City

DORAL

State

FL

Zip Code

33178

☒ 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

Wenase

REGISTERED AGENT MUST SIGN

Date **11-01-07**

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/VP	Wellington J De Oliveira	10755 NW 50 STREET APT207	DORAL FL 33178

200112010172
11/05/07--01050-005 **1050.00

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:

Wenase

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-01-07-786 2873094

Daytime Phone #

B. Mitchell NOV 5 2007