

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000060003

1. Entity Name  
LIVING WELL CARE CENTER CORP.



Principal Place of Business

6321 SW 106 AVE  
MIAMI, FL 33173

Mailing Address

6321 SW 106 AVE  
MIAMI, FL 33173

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08112006

REIN-P

CR2E098 (11/05)

4. FEI Number

260083701

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMERO, INGRID  
985 SW 149 CT.  
MIAMI, FL 33194

7. Name and Address of New Registered Agent

Name Alma Olivares

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

6997 W 29th Av #106

City Hialeah

FL

Zip Code 33018

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alma Olivares*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ROMERO, INGRID ☒ Delete  
STREET ADDRESS 985 SW 149 CT.  
CITY-ST-ZIP MIAMI, FL 33194

TITLE V  
NAME SIMON, OLGA ☐ Delete  
STREET ADDRESS 6321 SW 106 AVE  
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Alma Olivares  
STREET ADDRESS 6997 W 29th Av #106  
CITY-ST-ZIP Hialeah - FL 33018

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200079128092  
CITY-ST-ZIP 08/25/06--01032--011 \*\*300.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alma Olivares*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #