APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 24 AM 11:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000019832

1 Corporation Name

WEL INVESTMENTS, CORP.

Principal Place of Business / Mailing Address

721 Cocoplum Circle
Plantation, FL 33324

REINSTATEMENT

9600

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable	3 New Mailing Office Address, If Applicable
12157 NW 36 Place	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, FL 33323	City & State
Zip: 33323 / County: USA	Zip / County

4 Date Incorporated or Qualified to Do Business in Florida: 3/16/93

5 FEI Number: 65-0413697

Certified Copy: Not Applicable

6 CERTIFICATE OF STATUS DESIRED: $ 8.75 Additional Fee Required for Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City State Zip
D/P	Wayne Lipson	64 Windsor Road	Milton, MA 02186
D/VP	Harvey Lipson	12157 NW 36th Place	Sunrise, FL 33323

500002039346--2
-12/27/96--01059--020
*****375.00 *****375.00

8. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10 I being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Laura E. Dill — REGISTERED AGENT MUST SIGN — Date: 12/24/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐ (See other side for information on intangible tax)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as provided for in Chapter 607 or 617, F.S. I further certify that the facts stated in 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., and all fees owed by the corporation have been paid. 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: WLL — 12/11/96

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

WAYNE LIPSON, PRESIDENT