

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -3 PM 2:05

DOCUMENT # P9800001244

1. Corporation Name

Goldencare of Wellington, Inc.

600003473016--2
-11/21/00--01085--008
****167.50 ****167.50

600003473016--2
-11/21/00--01085--009
****150.00 ****150.00

2. Principal Office Address

13752 Yarmouth Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Apt B

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Zip

33414

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/98

5. FEI Number

65-0880563

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ (incl in check amt)

\$8.75 Additional Fee required
for a Certificate of Status
11/30/98

7. Name and Address of Current Registered Agent

Name

Alexandru Braica

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

13752 Yarmouth Drive, Apt B, Wellington FL 33414

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Alex Braico

Date

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
Pres.	Alexandru Braica	13752 Yarmouth Dr, Apt B	Wellington, FL 33414

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:

Alex Braico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)