

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 JUL 16 P 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600183357646  
07/16/10--01021--003 \*\*1050.00

DOCUMENT # P04000033093

1. Corporation Name

WANDASCLEAN-UP, INC.

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

7 N.E. 39<sup>th</sup> Place

Suite, Apt. #, etc.

3. Mailing Office Address

7 N.E. 39<sup>th</sup> Place

Suite, Apt. #, etc.

City & State

Gainesville Fla.

City & State

Gainesville Fla.

Zip

Country

32609

A/2CHV2

Zip

Country

32609

A/2CHV2

4. Date Incorporated or Qualified  
To Do Business in Florida

3/1/2004

5. FEI Number

30-0239169

☐ 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

LEROY C. LEE

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

7 N.E. 39<sup>th</sup> Place

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32609

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]

REGISTERED AGENT MUST SIGN

Date 7/15/2010

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
D,P	<u>Wanda T. Lee</u>	<u>1030 SW 6<sup>th</sup> Street, Apt 1</u>	<u>Gainesville Fla 32601</u>
D,V,S,T	<u>LEROY C. LEE</u>	<u>7 NE 39<sup>th</sup> Place</u>	<u>Gainesville Fla 32609</u>

**REINSTATEMENT**  
08-10

10. E-mail Address: leroy-lee@att.net

(To be used for future annual report notification)

11. 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. I further certify, 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] LEROY C. LEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/15/2010

Daytime Phone #