

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

01 NOV 20 PM 5:32

DOCUMENT # P97000055640

1. Corporation Name

COMMERCIAL CLEANING CONCEPTS INC.

2. Principal Office Address

5089 N.W. 121ST DRIVE

3. Mailing Office Address

5089 N.W. 121ST DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33076

Country

USA

Zip

33076

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-23-97

5. FEI Number

65-0768474

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHANNON D. SCOTT

600004705946--8

-12/05/01--01041--009

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

5089 N.W. 121ST DRIVE

****308.75 ****308.75

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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

Shannon Scott

REGISTERED AGENT MUST SIGN

Date

11/19/01

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	SHANNON D. SCOTT	5089 N.W. 121 ST DRIVE	CORAL SPRINGS, FL 33076
D	JO LEA SCOTT	5089 N.W. 121 ST DRIVE	CORAL SPRINGS, FL 33076

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shannon Scott Director

11/19/01

954-255-3842

Commercial Cleaning Concepts, Inc.
5089 NW 121st Drive
Coral Springs, Fl 33076

November 19, 2001

Dear Sirs,

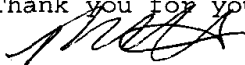
We were notified by our insurance agent that our corporation was dissolved. It appeared that when we moved, none of the paperwork was forwarded to our new address. We never received any notification of a problem even though we filed a change of address with the Post office.

We apologize for the mis-communication and we would like to be reinstated. We are forwarding a check for \$308.75 as follows:

2000 Corporate fee	\$150.00
2001 Corporate fee	150.00
Certificate of Status	8.75

We are requesting that the penalties be waived since we never received the annual reports.

Thank you for your consideration,


Shannon Scott,

Commercial Cleaning Concepts, Inc.