

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 FEB -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200088286082
02/14/07--01010--015 **308.75

3/2/07

REINSTATEMENT CR2E081 (1/07) 06-07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000109755**

1. Corporation Name

**R&S Wehausen Construction
CLEAN UP Inc.**

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

2511 NW 29 Terr.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CAPE Coral FL

City & State

SAME

Zip

33993

Country

USA

Zip

SAME

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650967245

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

Russell Wehausen

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

2511 NW 29 Terr.

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33993

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Russell Wehausen 1/18/07

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
STD	Wehausen, Shannon	2511 NW 29 Terr.	CAPE Coral FL 33993
PD	Wehausen, Russell	2511 NW 29th Terr.	CAPE Coral FL 33993

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 contained in Chapter 119, 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:

Shannon Wehausen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/07

Daytime Phone #

(239) 4958
994-4873