

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 APR -8 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109924

1. Corporation Name

CC-WFC CLEAN, INC

REINSTATEMENT 07-10

600175002776  
04/08/10--01043--021 \*\*608.75  
CR2E081 (11/09)

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

7750 GRANADA BLVD

3. Mailing Office Address

7750 GRANADA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

Zip

33023

Country

U.S.

Zip

33023

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

12-21-1999

5. FEI Number  
65-0969436

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

MARGARET MIMOSO

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

7750 GRANADA BLVD

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33023

☒ 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

REGISTERED AGENT MUST SIGN

Date 3/30-2010

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
PRES	MARGARET MIMOSO	7750 GRANADA BLVD	MIRAMAR, FL 33023

10. E-mail Address: ATCHIEAHONG@YAHOO.COM

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET MIMOSO

Date

3/30-2010

Daytime Phone #

786-

554-8870