PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 APR 18 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759319

1. Corporation Name

Willing Workers Mission, INC

Principal Place of Business / Mailing Address

1565 N.W. 1th Ave
Pompano Beach Fl. 33060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1565 N.W. 15th Ave.
Suite, Apt. #, etc.
City & State: Pompano Beach, Fl
Zip: 33060 Country: U.S.A.

3. New Mailing Office Address, If Applicable
1565 N.W. 15th Ave
Suite, Apt. #, etc.
City & State: Pompano Beach, Fl
Zip: 33060 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 07/27/81

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Edgar Goodrum	1565 N.W. 15th Ave.	Pompano Beach, Fl 33060
VP/D	O C Josey	531 N.W. 18th Street	Pompano Beach, Fl 33060
S/D	DAisy Josey	531 N.W. 18th Street	Pompano Beach, Fl 33060
T/D	Earnest Covin	693 N.W. 20th Ct.	Pompano Beach, Fl 33060

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Edgar 4/18/98

8. Name and Address of Current Registered Agent

Lorenzo Walden
4960 N.W. 11th Court
Ft. Lauderdale, Fl 33313

9. Name and Address of New Registered Agent

Name: Edgar Goodrum
Street Address (P.O. Box Number is Not Acceptable): 1565 N.W. 15th Avenue
Suite, Apt. #, Etc.:
City: Pompano Beach State: FL Zip Code: 33060

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: X Edgar Goodrum
REGISTERED AGENT MUST SIGN

600102494795--6
-04/21/98--01033--001
****297.50 (see other side for instructions on intangible tax.) ****297.50

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

12. 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: X EDGAR Goodrum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/14/98
Date Daytime Phone #

CR2E040 (1/98)