

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

00 JUN -2 AM 9:37

DOCUMENT # 759319

1. Corporation Name

WILLING WORKERS MISSION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1565 N.W. 7th Ave.  
Pompano Beach, FL 33060

Same

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

1565 N.W. 15th Ave.

3. New Mailing Address, If Applicable

1565 N.W. 15th Ave.

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/81

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FCI Number

650717865

Applied For

Not Applicable

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33060

Country

U.S.A.

Zip

33060

Country

U.S.A.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
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 Corbin	693 N.W. 20th St	Pompano Beach, FL 33060
			400003293554-6 -06/21/00--01090--020 *****61.25 *****61.25

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

*Edgar Goodrum*

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Edgar Goodrum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (12-95)