

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 FEB 13 PM 4:48

DOCUMENT # F99000003074

1. Corporation Name

WORLDWIDE LABOR SUPPORT OF ILLINOIS, INC.

Principal Place of Business

1807 WILLIAMS ST.  
PASAGOULA MS 39569

Mailing Address

PO BOX 2067  
PASAGOULA MS 39569-2067



REINSTATEMENT **AB** 01-02

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/1999

5. FEI Number

36-4029617

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 3	City / State / Zip 4
SP	COOK, WAYNE A JR	1805 WILLIAMS ST	PASAGOULA MS 39567
S	SIMPSON, GREGORY S	940 PEBBLE CREEK DRIVE	HENDERSON KY 42420
S	WAYNE A. COOK, SR.	1805 WILLIAMS ST.	PASAGOULA, MS 39567
			900004960589--3 -02/20/02--01047--003 ****150.00 ****150.00
			900004960589--3 -02/20/02--01047--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Barbara A. Burke*

BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

Date

1-12-02

REGISTERED AGENT MUST SIGN

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 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:

*Barbara A. Burke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-12-02

Daytime Phone #

CR2E040 (8/01)