

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG -9 AM 9:59

DOCUMENT # N 9700000 5790

1. Corporation Name

CWOP, Inc.
(Christian Women of Purpose)

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

6335 Brough Road
Suite, Apt. #, etc.

3. Mailing Office Address

6335 Brough Road
Suite, Apt. #, etc.

City & State

Elkton, FL 32033

City & State

Elkton, FL 32033

Zip

32033

Country

USA

Zip

32033

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/97

5. FEI Number

11-3817611

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 Willie Mae Willis

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

6335 Brough Road

Suite, Apt. #, Etc.

City

Elkton

State

FL

Zip Code

32033

☒ 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

Willie Mae Willis

Date 7-10-07

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
Pres.	Patricia A. Roberson	17 Rollins Ave.	St. Augustine, FL 32084
Agent	Willie M. Willis	6335 Brough Rd.	Elkton, FL 32033
Member	Shanette Roberson	17 Rollins Avenue	St. Augustine, FL 32084
Member	Linda Wesley	6325 Brough Road	Elkton, FL 32033
Member	Delores Rogers	143 Park Avenue	St. Augustine, FL 32084

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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:

Willie Willis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10, 2007 (904) 692-1854

Date

Daytime Phone #