



REINSTATEMENT

1. Entity ID Number: 000067489	2. The name of the entity is: Women's Health and Education Fund
3. Date of Revocation: 09-13-2023	4. Reason for Revocation: Annual Report
5. Entity Type: Non-Profit Corporation	
6. The reinstatement requirements are:	
<input checked="" type="checkbox"/> Annual Reports (# of reports) 2	(report filing fee) \$ 20 Total Fees \$ 40
<input checked="" type="checkbox"/> Penalty fees (# of years) 1	(penalty fee) \$ 25 Total Fees \$ 25
<input type="checkbox"/> Replacement filing fee \$	
<input type="checkbox"/> LOGS (Tax Good Standing)	
<input type="checkbox"/> Legislative Act/Court Order	
<input type="checkbox"/> Change of Agent Form (filing fee) \$	
<input type="checkbox"/> Change of Registered Office Form - NO FEE	
<input type="checkbox"/> Certificate of Correction	
<input type="checkbox"/> Amendment (name change required)	
7. Accompanied by	

FILED

SEP 06 2024
BY JRQJS
1155 KS