

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT 27 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F0500000 7310

1. Corporation Name

WORLD SPORTS AGENCY, INC.

200137323812  
10/27/08--01049--009 \*\*300.00

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

514 Via de la Valle

Suite, Apt. #, etc.

Suite 301

City & State

Solana Beach, CA

Zip

92075

Country

USA

3. Mailing Office Address

11924 Forest Hill Blvd

Suite, Apt. #, etc.

Suite 22, PMB#189

City & State

Wellington, FL

Zip

33414

Country

USA

REINSTATEMENT 07-08  
CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/05

5. FEI Number

330969531

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

Martin J. Arburua

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

3 Sunset Key

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

☒ 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

Martin J. Arburua  
REGISTERED AGENT MUST SIGN

Date

10/21/08

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
P	Martin J. Arburua	3 Sunset Key	Key West, FL 33040

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:

Martin J. Arburua

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/08 858-259-0755

Daytime Phone #