

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 JAN 22 AM 8:27

DOCUMENT # P04000157822

1. Corporation Name

WORLD MARTIAL ARTS INC.
285 NATIONAL PLACE, UNIT 117
LONGWOOD, FL. 32750

400086810544
01/31/07--01031--018 **458.75

REINSTATEMENT

05-07

CR2E081 (1/07)

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

285 NATIONAL PLACE

3. Mailing Office Address

Suite, Apt. #, etc.

117

Suite, Apt. #, etc.

City & State

LONGWOOD, FL.

City & State

Zip

32750

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-19-2004

5. FEI Number

20-1899015

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

STEVEN M. KLEINBERGER

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

274 WILSHIRE BLVD; STE 232

Suite, Apt. #, Etc.

232

City

CASSELBERRY

State

FL

Zip Code

32707

☒ 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

Steven M. Kleinberger

Date 1-18-07

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
P	Jung K. Lee	267 MAGNOLIA PK TR. SANFORD, FL. 32773	SANFORD, FL. 32773
VP	Seung H. Kim	5808 OAK LAKE TRAIL ORLANDO, FL. 32765	ORLANDO, FL. 32765

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:

Steven M. Kleinberger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07

Date

Daytime Phone #

407-
332-6300