

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 AUG 23 AM 9:17

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000015293

1. Corporation Name

World Marketing Associates, Inc.

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

649 Flowering Fields

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

White Stone, VA

City & State

Zip

22578

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 12/30/1992

5. FEI Number

06-1061139

☐ 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

Joseph D'Orsaneo

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

Suite, Apt. #, Etc.

4539 Hillman Lane

City

Lakeland

State

FL

Zip Code

33813

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

*Joseph D'Orsaneo*

REGISTERED AGENT MUST SIGN

Date

8/18/10

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	R. Luis Villafana	649 Flowering Fields	White Stone, VA 22578
Sec/Treas	Georgine Villafana	649 Flowering Fields	White Stone, VA 22578

10. E-mail Address: rluis133@verizon.net

(To be used for future annual report notification)

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. I further certify, 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:

*Robert Luis Villafana*

ROBERT LUIS VILLAFANA

Date

08/12/2010 804-436-0277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #