

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FORMED
AND
FILED

00 MAY -1 PH 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **797000023817**

1. Corporation Name

World Boxing Association ^{of} North America, Inc.

2. Principal Office Address

1735 Market Street

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Mellon Bank Center
39th Floor

Suite, Apt. #, etc.

City & State

Philadelphia, PA

City & State

Zip

19103

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/97

5. FEI Number

51-0006522

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

City of Plantation

300003255879-4

-05/17/00--01067--002

****750.00 ****750.00

State
FL

Zip Code

33324

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

Ann J. Williams

ANN J. WILLIAMS
Assistant Vice President

REGISTERED AGENT MUST SIGN

Date **4/28/00**

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
Pr/Sec	James J. Binns	1735 Market St., 39th Fl.	Philadelphia, PA 19103
			300003255879-4 -05/17/00--01067--001 ****150.00 ****150.00

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 under section 119.07(3)(i), 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:

James J. Binns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Binns
Pr./Sec.

Date **4/28/00**

Daytime Phone # **215-557-8000**

CR2E081 (9/99)