


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

FILED

04 OCT -4 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000023817			
1. Corporation Name World Boxing Association of North America, Inc.			
2. Principal Office Address Centro Comercial Turmero Local 21, Piso 2, Calle Petion		3. Mailing Office Address 303 Wexford drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Urganetya Turmero 2115		City & State Cherry Hill NJ	
Zip Estado Aragua	Country Venezuela	Zip 08003	Country USA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified To Do Business in Florida 03/17/1997	
5. FEI Number 23-292-7344	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

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 <i>Deborah D. Skipper</i>	Deborah D. Skipper Asst. V. Pres.	Date 10/4/04
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
president	Gilberto Mendoza	P.O. Box 377 Maracay 2101 Estado Aragua Venezuela	Venezuela
vice president	Gilberto J. Mendoza	P.O. Box 377 Maracay 2101 Estado Aragua Venezuela	Venezuela

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: <i>Gilberto Mendoza</i>		Sept. 27-2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

Gilberto Mendoza/President

CR2E081 (01/04)



CORPORATION SERVICE COMPANY

202

ACCOUNT NO. : 072100000032

REFERENCE : 907715 7355143

AUTHORIZATION :

Patricia Pizante

COST LIMIT : \$ 1,200.00

ORDER DATE : September 29, 2004

ORDER TIME : 2:05 PM

ORDER NO. : 907715-005

CUSTOMER NO: 7355143

CUSTOMER: Mr. Michael .. Welsh
Mr. Michael Welsh World
303 Wexford Drive

Cherry Hill, NJ 08003

RECEIVED
OCT-4 PM 4:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: WORLD BOXING ASSOCIATION OF
NORTH AMERICA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____