

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 AM 11:20

DOCUMENT # P99000040850

1. Corporation Name

WORLD EXTREME FIGHTING, INC.

Principal Place of Business

7668 HOLLY OAK CT.  
ORLANDO FL 32819

Mailing Address

7668 HOLLY OAK CT.  
ORLANDO FL 32819



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/1999

Suite, Apt. #, etc.

7668 Holly Oak Ct  
Orlando Florida

Suite, Apt. #, etc.

City & State

5. FEI Number

593576646

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LEVINE, JAMES	7668 HOLLY OAK CT.	ORLANDO FL 32819
			700003479027--2 -11/28/00-01101-014 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVINE, JAMES  
7668 HOLLY OAK CT.  
ORLANDO FL 32819

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

10-31-00

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-00

Date

Daytime Phone #

CR2E040 (8/00)

2

**WEF**

7668 Holly Oak Court  
Orlando, Florida. 32819  
US  
Home Phone 954-683-2229

October 31, 2000

To whom it may concern,

I am writhing this litter to inform you that I Jamie Levine President of World Extreme Fighting have not received anything except for this form I have just filled out. Please except this letter and except the \$ 150.00 that I have included with this letter as payment in full for the WE Inc. reinstatement and wave any fees and penalties.

Thank you,

  
Jamie Levine