| PLEASE READ | ALL INST | IRUCTIONS | BEFORE C | COMPLET | ING THIS FO | RM. | |
|--|--|--|--|---|--|---|--|
| FOR APPLICATION FOR AS A PRINCIPAL P | | A DEPARTME Sandra B. Mo Secretary of S | rtham State | | EH ED | | |
| DIVISION OF CO. | | | RATIONS | | | | |
| DOCUMENT # F02550 1. Corporation Name SOCCER CONCEPTS, INC. | | | | 99 FEB 15 AM 11: 28 | | | |
| | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| Principal Place of Business Mailing Address | | | | 1 | | | |
| 7695 SW 104 Street Suite 210 Miami, FL 33156 | | | | 7000027765679 -02/16/9901024004 ****900.00 *****900.00 | | | |
| 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 Address, If Applicable | | | | DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified | | | |
| 7695 SW 104 Street SW14te 210 | Suite, Apl. #, | | | To Do Business in Florida 10-21-80 | | | |
| SUITE 210 City & State | City & State | | | 5. FEI Numbe 65-07 | 23705 | | Applied For Not Applicable |
| Miami FL | | Country | | 6. | | S8 75 Additi | onal Fee required |
| 33156 Country USA | <u> </u> | | , | CERTIFICAT | E OF STATUS DESIRED | | licate of Status |
| 7. Names and Street Addresses of Each Officer and/ Name of Officers | or Director (Flo | | ations must list at lea | | | | |
| Title(s) and/or Directors | Officer and/or Director 3 (Do NOT Use Post Office Box N | | City / State / Zip | | | | |
| P/D Eric P. Littman | | 7695 SW | 104 St., | #210 | Miami, F | L 3315 | 56 |
| | | | | REINS | TATEME | QO! | and he |
| | | | | | | | |
| 8. Name and Address of Current (| Registered Age | nt . | | 9. Name and | Address of New Regist | tered Agent | |
| Eric P. Littman 7695 SW 104 Street, Suite 210 Significant Street Street Suite 210 | | | Name | Name | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | Suite, Apt. W, Etc. | | | | |
| | | City State Zip Code | | | xde | | |
| 10. I, being appointed the registered agent of the abo Signature of Registered Agent | ve named corpo | pration, am familiar w | ith and accept the ob | oligations of Sect | | . = - . | 2, 1999 |
| | GISTERED AG | ENT MUST SIGN | | | | | |
| Does this corporation pay a Dept. of Revenue under S. | ny intang 199.032, | jible tax to th Florida Stat | ie utes. Yes [| ☐ No [| (See of | her side for info in intangible tax | irmation :) |
| 12. I do hereby certify that the information supplied w lease the Division of Corporations from any liability certify that I am an officer or director or the receith is reinstatement application the reason for dissiples owed by the corporation have been paid. Thurder oath. | y of non-compli ver or trustee er olution has beer | ance with Section 11 mpowered to execute n eliminated, the cor | 9.07(3)(k) in the eve a this application as porate name satisfic | int that the inform provided for in c is the requireme | nation supplied is deemi hapter 607 or 617, F.S. nts of section 607.0401 | ed exempt from I further certify or 617.0401, F | public access. I that when filing F.S., and that all |
| SIGNATURE: SIGNATURE AND TYPED OF PRI | NTED NAME OF 8 | Eric P | Littmar | ı, Presi | dent 2/12/ | 99 305- Deylime Ph | -663-333 |