

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

CORPORATION REINSTATEMENT
U.K. ELITE SOCCER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 APR -8 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT #** F14000003767**1. Corporation Name**

U.K. Elite Soccer, Inc.

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

210 Malapardis Rd.

Suite, Apt #, etc.

Suite 201

City & State

Cedar Knolls, NJ

Zip

07927

Country

USA

3. Mailing Office Address

1133 Westchester Ave.

Suite, Apt #, etc.

Suite N222

City & State

White Plains, NY

Zip

10604

Country

USA

CR2E081 (11/10)

**4. Data Incorporated or Qualified
To Do Business in Florida
8/29/2014****5. FEI Number**

22-3197693

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED\$3.75 Additional Fee required
for a Certificate of Status**7. Name and Address of Current Registered Agent**

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt #, Etc.

City

Plantation

State

FL

Zip Code

33324

S. HAWKES

APR - 8 AM.

EXAMINER**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*Connie Bryon***Connie Bryon**Date 4/8/2016

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
Dir.	Warren G. Lichtenstein	590 Madison Ave. 32nd Floor	New York, NY 10022
Dir.	Jack L. Howard	590 Madison Ave. 32nd Floor	New York, NY 10022
Pres.	Mick Smoothey	210 Malapardis Rd. - Suite 201	Cedar Knolls, NJ 07927
VP	Kenneth Torosian	1133 Westchester Ave. Suite N222	White Plains, NY 10604

10 E-mail Address: ktorosian@stccpartners.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:*Kenneth Torosian*
KENNETH TOROSIAN4/8/2016
Date914-461-1274
Daytime Phone #