

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 31 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000028014

1. Corporation Name

COBRA STRIKE 2, INCORPORATED

2. Principal Office Address - No P.O. Box #
150 N. E. 211 STREET

3. Mailing Office Address
150 N.E. 211 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FLA.

City & State

MIAMI GARDENS, FLA.

Zip
33179

Country
USA

Zip
33179

Country
USA

CR2E081 (12/07)

REINSTATEMENT

4. Date incorporated or Qualified
To Do Business in Florida

MAY 2005

5. FEI Number

20-2390922

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
MATTHEW MARK TAYLOR

Street Address (P.O. Box Number is Not Acceptable)
150 N. E. 211th STREET

Suite, Apt. #, Etc.

City
MIAMI GARDENS

State
FL

Zip Code
33179

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Matthew Mark Taylor
REGISTERED AGENT MUST SIGN

Date 02-20-2008

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	MATTHEW MARK TAYLOR	150 n. e. 211 STREET	MIAMI, FLORIDA 33179
			700122763027
			04/09/08--01045--007 **450.00

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 contained in Chapter 119, 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:

Matthew Mark Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIR. MATTHEW MARK TAYLOR 2/20/2008 305-652-5279

Date 2/20/2008 Daytime Phone #
305-652-5279