


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2010-2015				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # p05000028014					
1. Corporation Name cobra strike 2,inc.					
2. Principal Office Address - No P.O. Box # 150 n.e. 211 street Suite, Apt. #, etc. n/a City & State miami, florida Zip 33179 Country usa		3. Mailing Office Address 150 n. e. 211 street Suite, Apt. #, etc. n/a City & State miami, florida Zip 33179 Country usa		4. Date Incorporated or Qualified To Do Business in Florida 2005 5. FEI Number 20-2390922 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$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. 211 street Suite, Apt. #, Etc. n/a City miami State FL Zip Code 33179				700272111047 04/23/15--01006--012 **1508.75	
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>Matthew M. Taylor</i> Date 03-26-2015 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	
c.e.o.	matthew mark taylor	150 n. e. 211 street		miami, florida 33179	
10. E-mail Address: n/a <i>n/a</i> (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: <i>Matthew M. Taylor</i> CEO/DIRECTOR K. ASHTON K. ASHTON Date 03-26-2015 Daytime Phone # 305-652-5279					