PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	2015 JUN 19 AM 10: 35
DOCUMENT # PII 0000 64369 1. Corporation Name		SEE ME SARE SEE CHEETE
REGGIE D. COOPER S	SK., INC.	
Principal Office Address - No P.O. Bqx #	Mailing Office Address	
1227 Lake Josephine De	SAME .	JUN 1 9 2015
Suite, Apt. #, elc.	Suite, Apt #, etc.	4. Date incorporated or Qualified To Do Business in Florida
SEBRING, FL	Pity & State	5. FEI Number Applied For Not Applied be Not Applied be
33875 VS	Zip Country	6. CERTIFICATE OF STATUS DESIRED NOT Applicable 88.75 Additional Fee required for a Certificate of Status
Name REGGIE COPER SR. Street Address (P.O. Box Number is Not Acceptable) 2036 OAK BEACH BLVD Suite, Apt. #, Etc.		300274227393 06/19/1501029019 **1050.00
8. I, being appointed the registered agent of the above	State FL 33875 a named corporation, am familiar with and accept the of	bligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent Pyring Registered Agent Date 6/7/5		
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
P,D REGGIE COOPER, SR. 2036 DAKBEACHBUD SEBRING, FL 33875		
REINSTATEM		
2013-2015		
10. E-mail Address: ARALMAS MEN & Mail, Com (To be used for future annual report notification)		
1. 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 ceginy, the information indicated on this application is true and accurate, and my signature snail have the same legal effect as		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #