

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 19 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000082195

1. Corporation Name

CITMA SECURITY OFFICER CORP.

Principal Place of Business

Mailing Address

2520 S.W. 2N2ND ST.
#2-346
MIAMI FL 33145

2520 S.W. 2N2ND ST.
#2-346
MIAMI FL 33145

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



2001 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2000

5. FEI Number

65-1052907

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CIFUENTES, TERESA	3500 S.W. 10 ST. APT 1	MIAMI FL 33135
STD	MASOT, CARMEN	3431 S.W. 11TH ST. APT 4	MIAMI FL 33135

07/17/01 90003 013 \$550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CIFUENTES, TERESA
3500 S.W. 10TH ST. APT 1
MIAMI FL 33135

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

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., 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 under section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(President) 10/15/01 305-446-9081

Date

Daytime Phone #

CR2E040 (8/01)

2082



Citma Security Officer Corp.

NO. 346

2520 SW 22nd Street, Miami, FL 33145

Tel/Fax: 305.446.9081

November 14, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: CITMA SECURITY OFFICER CORP.

To Whom It May Concern:

Enclosed please find the 2001 Uniform Business Report (UBR) for the above referenced corporation. Please note that this document was filed with your office in July, 2001, along with check number 598 in the amount of Five Hundred Fifty Dollars (\$550.00).

I was recently notified by your department that this corporation was dissolved for failure to file the annual report. After consulting with one of your employees, I was informed that a notice was sent to my address regarding an incomplete UBR. Unfortunately, I never received the notice and as such was unable to make the necessary corrections.

Enclosed is the corrected UBR for the above referenced corporation. Since I did not receive the prior notice, I was told that it was not necessary to pay the additional penalty or reinstatement fee. Please record this document and advise me if you need any further information.

Sincerely,


Teresa Cinfuentes

Enclosure