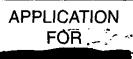
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILFD

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

P00000082195 DOCUMENT

1. Corporation Name

CITMA SECURITY OFFICER CORP.

Principal Place of Business

Mailing Address

2520 S.W. 2N2ND ST.

2520 S.W. 2N2ND ST.

#2-346 MIAMI FL 33145 #2-346 MIAMI FL 33145

If above addresses are incorrect in any way, line thro	rugh incorrect information and enter correction below.
New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State City & State -

7in Country

Country

Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For Not Applicable

08/30/2000

		\			CERTIFICATE	E OF STATUS DESIRED L	for a Certificate of Status	
7. Names	and Street Addresses of Each Officer a	nd/or Director (Flo	rida nonprofit d	corporations must list at leas	st 3 directors)			
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director			City / State / Zip	
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	117/01	900030	13 \$550.00	
_ 	·							
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent					
·				Name				
CIFUENTES, TERESA 3500 S.W. 10TH ST. APT 1			Street Address (P.	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33135			Suite, Apt. #, Etc.	Suite, Apt. #, Etc.				
				City			tate Zip Code	
				OP 60		007.0505.50	!	

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 Ager

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





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