JUL-22-2003 08:50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 29 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113778

1. Corporation Name
Night Eyes Security, Inc.

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
350 Lincoln RD	350 Lincoln RD
Suite, Apt. #, etc. MEZZANINE	Suite, Apt. #, etc. MEZZANINE
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139 Country Mia Dade	Zip 33139 Country MIA. DADE

4. Date Incorporated or Qualified To Do Business in Florida 12/12/2000

5. FEI Number Applied For ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MARVIN A. MAHONEY

Street Address (P.O. Box Number is Not Acceptable): 20284 SW 85 AVE

900032493655
04/12/04 01100 004 **1.00.00

Suite, Apt. #, Etc.:

City: MIAMI FL State: FL Zip Code: 33189

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: [signature] Date: 3/22/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/01)

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
PR	MARVIN MAHONEY	350 Lincoln RD	Miami Beach, FL 33139
S	RAWLE POTTER	350 Lincoln Rd	Miami Beach, FL 33139

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 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] 3/22/04 786-253-4037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.03

Charter Number Only

Marvin 3/26/04

Rochelle Malek
Requestor's Name
407 Lincoln Rd #4L
Address
Miami Beach, FL 33139
City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

Night Eyes Security, Inc.
P00000113778

FILED
04 MAR 29 AM 10:16
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

( ) Profit ( ) NonProfit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution	( ) Mark
( ) Limited Partnership (X) Reinstatement	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of Registered Agent
( ) Certified Copy	( ) Photo Copies	( ) Certificate Under Seal
( ) Call When Ready (X) Walk In	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (P8-85)