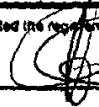
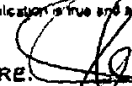


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # P00000113778 1. Corporation Name Night Eyes Security, Inc.																															
2. Principal Office Address 350 Lincoln RD Suite, Apt. #, etc. MEZZanine City & State Miami Beach, FL Zip 33139 MIA Dade		3. Mailing Office Address 350 Lincoln RD Suite, Apt. #, etc. MEZZanine City & State Miami Beach, FL Zip 33139 MIA Dade																													
		REINSTATEMENT 01-03																													
		4. Date incorporated or Qualified To Do Business in Florida 12/12/2000 5. FEI Number Applied For 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 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 607.0005 or 617.0503, F.S. Signature of Registered Agent:  Date: 3/22/04 REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PR</td> <td>MARVIN MAHONEY</td> <td>350 Lincoln RD</td> <td>Miami Beach, FL 33139</td> </tr> <tr> <td>S</td> <td>RAWLE POTTER</td> <td>350 Lincoln Rd</td> <td>Miami Beach, FL 33139</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title	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																
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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 chapters 607 or 617, F.S.; 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:  Date: 3/22/04 Telephone: 785-253-4037 SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																															

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.

PO00000113778

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DIVISION OF CORPORATIONS
ALL HASSELT, FLORIDA

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

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



Empire Toll Free: 1-800-432-3028