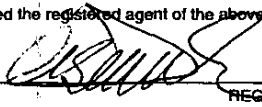
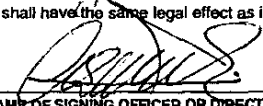


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000058082			
1. Corporation Name SEYSA SECURITY AND PATROL INC.			
2. Principal Office Address 7210 Red Road		3. Mailing Office Address 7210 Red Road	
Suite, Apt. #, etc. Suite 218		Suite, Apt. #, etc. Suite 218	
City & State South Miami, FL.		City & State South Miami, FL.	
Zip 33143	Country Dade	Zip 33143	Country Dade
4. Date Incorporated or Qualified To Do Business in Florida 05-24-02		5. FEI Number 50-0006512	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For ☐ Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Ozlem Isimer			
Street Address (P.O. Box Number is Not Acceptable) 7210 Red Road			
Suite, Apt. #, Etc. Suite 218			
City South Miami,		State FL	Zip Code 33143
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 		Date 04/21/04	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/S	Ozlem Isimer	7210 Red Road suite 218	South Miami, FL. 33143
✓	Mustafa Isin Isimer	8263 SW 107th Ave #263-0	Miami, FL. 33173
✓	Euren YILDIRIM	10000 Sheridan st. 306	Pembroke Pines, FL 33024
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: Ozlem Isimer 		Date 04/21/04	Daytime Phone # 786-547-9275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 10 AM 8:00

REINSTATEMENT **03-04**

100033981781
04/26/04--01073--012 **150.00

MRD

CR2E081 (01/04)