
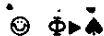


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  05 SEP 28 PM 4:07	
DOCUMENT # <i>F01000001919</i>					
1. Corporation Name  <b>Monroe Infrared Technology Inc</b>					
2. Principal Office Address <b>6 Brown Street</b>		3. Mailing Office Address <i>PO Box 1058</i>		CR2E081 (12/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Kennebunk, Maine</b>		City & State <i>KENNEBUNK ME</i>			
Zip <b>04043</b>	Country <b>USA</b>	Zip <i>04043</i>	Country <b>USA</b>		
4. Date Incorporated or Qualified To Do Business in Florida <b>04-10-01</b>				5. FEI Number <b>01-0477748</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>Alie Bain</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>6706 Bass Highway</b>					
Suite, Apt. #, Etc.					
City <b>Saint Cloud</b>					
State <b>FL</b>					
Zip Code <b>34771</b>					
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 <i>Alie Bain</i>					
Date <i>9-26-06</i>					
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	
Pres	Bret A. Monroe	43 Teeswater Lane <i>D</i>		Dayton, Maine 04005	
VP	William Fabian	5226 Concord Drive <i>D</i>		ShelbyTwnshp MI 48315	
T	Bruce Monroe	6 Brown Street <i>D</i>		Kennebunk, Maine 04043	
S	Nichelle Szczapa	182 Alpine Drive <i>D</i>		Wells, Maine 05090	
REINSTATEMENT <i>05-06</i>					
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 contained in Chapter 119, 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: <i>Bret A. Monroe</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>9-22-06</i>					
Daytime Phone # <i>207-985-7110</i>					



Infrared Equipment Sales  
Inspection Services  
IR Security & Surveillance Systems  
Software Support Systems  
Training Programs

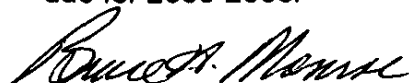
Division Of Corporations  
Tallahassee, FL 32301

Foreign Corporation Refilling

Dear Sirs

I recently received a letter from a customer of ours that had copied our file that reflected that our registration had expired in Sep 2005. To the best of our knowledge we did not receive our filing notification in the early part of 2005, hence we did not complete this filing when required.

I am asking for waiver of the late filing fee for not having received the re-registration notice. Thank you for your consideration and I have enclosed our check for the fees due for 2005-2006.

  
Bruce A. Monroe  
CFO