PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM		
	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	AND FILED 1998 MAR - 9 PN 1: 04
DOCUMENT # H24829 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE.FLORIDA
SECUTRON, INC.		
Principal Place of Business M	ailing Address	
3000 First Florida Tower	c/o Walter E. Aye 3000 First Florida Tower Tampa, FL 33602	
If above addresses are incorrect in any way, line through 2. New Principal Office Address, If Applicable 3.		
1225 East River Drive 1	New Mailing Office Address, If Applicable 225 East River Drive	Date Incorporated or Qualified To Do Business in Florida 10/10/84
Suite, Apt. #, etc.	uite, Apt. #, etc.	5. FEI Number Applied For
City & State	ne River Place, Suite 210	59-2917722 Not Applicable
Zip Country Zij	avenport, Iowa p Country 2803 USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Di	· · · · · · · · · · · · · · · · · · ·	st 3 directors)
Title(s) Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No	City / State / Zip
D/P CUMMINGS, DONALD B.	105 Torbay Road	St. John's, Newfoundland
		Ala 2G9
S/T OFFORD, W.J.	5958 16th Avenue Wes	t Markham, Ontario L3P 3J3
		4000024528845.72
		-03/10/98 -01088 -011 -
		******8.75005*18*6.75
	RE	INSTATEMENT 374
8. Name and Address of Current Regis		9. Name and Address of New Registered Agent
Walter E. Aye	Name Stepher	R. Looney
3000 First Florida Tower	Street Address (P.C	D. Box Number is Not Acceptable)
Tampa, FL 33602	Suite, Apt. #, Etc.	4000024528842
	Suite 3	
10. I, being appointed the registered agent of the above na	med corporation, am familiar with and accept the obli	
Signature of Registered Agent . Stepher R . REGIST	ERED AGENT MUST SIGN	Date March 6, 1998
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for information on intangible tax.)		
12. 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 filling 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 N	NAME OF SIGNING OFFICER OR DIRECTOR	Snarch 4/98 905 470 4070 Date Daylime Phone #