

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

00 MAR -8 PM 2:43

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P 93000024823 (5)

1. Corporation Name

LAS TOP SECURITY, INC.

Principal Place of Business

Mailing Address

1001 N.W. 54 STREET,  
 SUITE N  
 MIAMI, FL 33127

1001 N.W. 54 STREET,  
 SUITE N  
 MIAMI, FL 33127

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1001 NW 54 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL

City & State

33127 FLORIDA

Zip Country

*[Handwritten initials]*

**REINSTATEMENT 99-00**

4. Date Incorporated or Qualified To Do Business in Florida

04-05-1993

5. FEI Number

63-0399030

Applied For Not Applicable

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 Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/M	LASIS OLADUNNI	1001 N.W. 54 STREET, SUITE N, MIAMI, FL 33127	MIAMI FL 33127
			100003172091--4 03/16/00--01025--029 ****750.00 ****750.00
			100003172091--4 -03/16/00--01025--029 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAS TOP SECURITY, INC.  
 1001 NW 54 ST  
 # N  
 MIAMI FL 33127

Name: LASIS OLADUNNI  
 Street Address (P.O. Box Number is Not Acceptable): 1001 NW 54 ST  
 Suite, Apt. #, Etc.: # N  
 City: MIAMI  
 State: FL  
 Zip Code: 33127

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

01-29-00

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes  No

(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 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:

*[Handwritten Signature]* LASIS-OLADUNNI

Date

12-16-99

Daytime Phone #

(305) 751-6141

CR2E081 (12/98)