

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 26 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043863

1. Corporation Name
IRBAS SECURITY, INC.

Principal Place of Business 3600 S. STATE ROAD 7 310 MIRAMAR FL 33023 US	Mailing Address 3600 S. STATE ROAD 7 310 MIRAMAR FL 33023 US
--	--



REINSTATEMENT 97-98

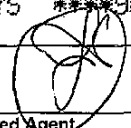
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/13/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0505366	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	IBRAHIM, SABRI E	3600 S. STATE ROAD 7, SUITE-366 310	MIRAMAR FL 33023
VP	IBRAHIM, LISA	210 S.W. 67 TERRACE	PEMBROKE PINES FL

100002678701-9
-11/03/98-01023-012
***908.75 ***908.75



8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IBRAHIM, LISA 210 S.W. 67 TERRACE PEMBROKE PINES FL 33023	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State / Zip Code FL

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 Sabri E Ibrahim **REQUIRED** Date 10/21/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: Lisa Ibrahim **REQUIRED** Date 10/21/98 (954) 989-6447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/97)