PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED OLOCT -7 PHIZ: 17 OLOCT -7 PHIZ: 17
DOCUMENT #P99000 1. Corporation Name SECURITY,		OLOCT -7 PM 12: 1 SECRETANT OF STATE SECRETANT OF STATE TALLAHASSEE. FLORIDA
2. Principal Office Address 155 31 ST Ave Sw	3. Mailing Office Address 1040 BigHorn CRUEN	w.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida Series 30 1999
VERD BEACH FLA Zip 32948 - 11 - 174 - Std	City & State PALM BAY Zip Country LA 3290 / United State	5. FEI Number Applied For
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Addeptable) State Zip Code		
ERO BEACH		FL 32968 bligations of section 607.0505 or 617.0503, F.S. Date 10/5/04
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 10/5/05/		
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 Eac Officer and/or Directo	h City/State/Zip
PRES Connell SPATA	1040 BigHorn Ca	CLE N.W. PALM BAY, FLA 32901
		500041667375 10/01/0401025001 **150.00
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Daytime Phone #		

Ps 2 82

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 10/06/04

ILG Security, Inc 155 31st Ave Sw Vero Beach, Florida 32968

Document Number: P99000093431

Re: Reinstatement Division

I'm writing this letter on behalf of ILG Security, Inc to inform the you that there was a serious mix up in my companys' mailing over the past months without any knowledge of the annual report due date. I have enclosed the 150.00 check to the Dept of State for the filing of the original filing fee to reinstate my company. I can say on behalf my company it will not happen again. Thank you sincerely for your consideration on this matter. If you have any questions or need to contact me for any reason, Please don't hesitate to call me at 321 217 3070.

Thank You,

Connell Spain, President

ILG Security, Inc