

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 OCT 31 AM 11:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F99000004591**

1. Corporation Name

IRUS CORPORATION

Principal Place of Business 923 MARLBOROUGH ST. PHILADELPHIA PA 19125	Mailing Address 923 MARLBOROUGH ST. PHILADELPHIA PA 19125
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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT

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4. Date Incorporated or Qualified To Do Business in Florida	08/30/1999	SP
5. FEI Number	23-2355029	Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input 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	4 City / State / Zip
PCT	SPEZZANO, FRANCESCO A	923 MARLBOROUGH ST.	PHILADELPHIA PA 19125
S	MORGEN, JANICE D	923 MARLBOROUGH ST.	PHILADELPHIA PA 19125

800003456298--5
 -11/07/00--01134--002
 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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

Signature of Registered Agent: *ANN WILLIAMS* Assistant Vice President Date 10/30/00
 REGISTERED AGENT MUST SIGN

11. 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: *FRANK SPEZZANO* Date _____ Daytime Phone # 2154237400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)