

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090544

1. Corporation Name

US BARCODES, INC.

Principal Place of Business

Mailing Address

~~9642 BAXLEY LN.  
PORT RICHEY FL 34668~~

~~9642 BAXLEY LN.  
PORT RICHEY FL 34668~~



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

09/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5234 SR 54  
New Port Richey Fl.

5234 SR 54  
New Port Richey Fl.

5. FEI Number

Applied For

59-3745095

Not Applicable

Zip  
34652

Country  
USA

Zip  
34668

Country  
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 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
President	Junior A Matias	9642 Baxley Ln	Port Richey Fl. 34668

200008644942  
10/29/02--01038--019 \*\*150.00

89415

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATIAS, JUNIOR A  
9642 BAXLEY LN  
PORT RICHEY FL 34668

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

~~SIGNATURE REQUIRED~~  
REGISTERED AGENT MUST SIGN

Date

10/15/02

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

~~SIGNATURE REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Junior Angel Matias 10/15/02 (727) 849-1196

US BARCODES

OCTOBER 24, 2002

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE, FL 32314-6327

RE: US BARCODES INC  
FEI # 59-3745095

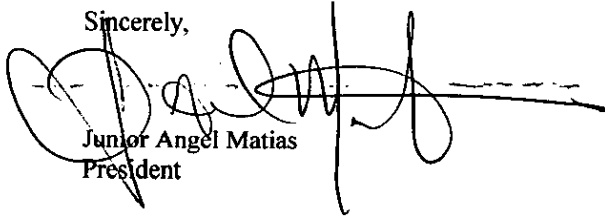
Dear Sir or Madam:

Prior and up to the date of this notice of dissolution or revocation I have never received an application for reinstatement.

I telephoned your offices and was informed that due to not having received such notice that the reinstatement fee of \$600.00 would be waived.

Enclosed you will find the annual report fee and application for reinstatement. Please  
Make note of the corporations address change.

Sincerely,

  
Junior Angel Matias  
President

5234 SR54  
NEW PORT RICHEY, FL. 34668

Phone: 727-849-1196  
Fax: 727-849-1433  
Email: ANGEL@USBARCODES.COM