

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 OCT -3 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000051926

**1. Corporation Name**

Barcode Restaurant, Inc.

**2. Principal Office Address**

1437 Washington Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

**3. Mailing Office Address**

1437 Washington Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33133

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05/26/00

**5. FEI Number**

65-1085655

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Louis J. Terminello, Esq.

500004628335-9

-10/09/01--01021-009

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

Terminello & Terminello, P.A.

\*\*\*750.00 \*\*\*750.00

Suite, Apt. #, Etc.

2700 S.W. 37th Avenue

City

Miami, FL

State

FL

Zip Code

33133

**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

*[Handwritten Signature]*

Date 10/01/01

REGISTERED AGENT MUST SIGN

**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 Each Officer and/or Director	City / State / Zip
Pres., V.P., Treas., Sec'y, Director	Peter Thomas	1437 Washington Avenue	Miami Beach, FL 33139

REINSTATEMENT of

*[Handwritten Signature]*

**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)(l), 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]* Peter Thomas, Pres. 10/01/01

(305)444-5702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/00)

Charter Number Only

VALIDATION ONLY

10/2/01

Nancy Terminello.

Requestor's Name

2700 SW 37 AVE.

Address

Miami FL 33133

City

State

ZIP

Phone

(305) 444-5002

CORPORATION(S) NAME

Barcode Restaurant, Inc.

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

RECEIVED  
01 OCT -3 AM 9:20  
DIVISION OF CORPORATION



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier