

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 11 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000056504

1. Corporation Name

TIGER BARCODE SOLUTION, INC.

100075289291
05/25/06--01049--008 **1200.00

CR2E081 (12/05)

2. Principal Office Address

290-174th Street

Suite, Apt. #, etc.

2405

City & State

Sunny Isles Beach

Zip

33160

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-3673311

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

Luis C. de Souza

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

290-174th Street

Suite, Apt. #, Etc.

2405

City

Sunny Isles Beach

State

FL

Zip Code

33160

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

X

REGISTERED AGENT MUST SIGN

Date

X 05/05/06

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
PD	Luis C. de Souza	R.Rio Grande do Sol 400-#33	Campinas, SP - Brazil 13050-570
S	Sandra Assalim	290-174th Street - Apt. 2405	Sunny Isles Beach, FL 33160

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 contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 05/05/06

Daytime Phone #

X 305 931-1737