CAPITAL CONNECTION 850 222 1222 10/29 '99 11:11 NO.666 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC -6 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028455

1 Corporation Name
BAR Code Productions, Inc.

Principal Place of Business / Mailing Address
1990 A S. Federal Hwy
STUART, FL 34994

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1990 A S. Federal Hwy
Suite, Apt. #, etc.
City & State
STUART, FL
Zip 34994 Country USA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: Aug 98

5. FEI Number: 65-0823720 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Bianco, Frank R	3223 S.E. Brook st	Stuart, FL 34997

900003076589--6
-12721799--01055--019
****750.00 ****750.00

REINSTATEMENT 99

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8. Name and Address of Current Registered Agent
BIANCO, FRANK
3223 S.E BROOK ST.
STUART, FL 34997

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number(s) Not Acceptable)
3223 S.E. BROOK ST
Suite, Apt. #, Etc.
City STUART State FL Zip Code 34997

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.

Signature of Registered Agent F.K Bianco Date 10-27-99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: by F.K Bianco Pres 10-27-99 561 287-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #