

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L16000220825

1. Limited Liability Company's Name  
ON. TIME LOGISTICS LLC

CHANGE NAME FOR: ON. TIME LOGISTICS CHARTERING LLC

2. Principal Office Address - No P.O. Box #  
934 SPRING CIRCLE

Suite, Apt. #, etc.  
SUITE 103

City & State  
DEERFIELD BEACH, FLORIDA

Zip Country  
33441 US

3. Mailing Office Address  
934 SPRING CIRCLE

Suite, Apt. #, etc.  
SUITE 103

City & State  
DEERFIELD BEACH, FLORIDA

Zip Country  
33441 US

8. Name and Address of Current Registered Agent

Name  
JONATHAN ARAPE

Street Address (P.O. Box Number is Not Acceptable) Suite,  
934 SPRING CIRCLE

Apt. #, Etc.  
SUITE 103

City  
DEERFIELD BEACH

State Zip Code  
FL 33441

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 12/06/2016

6. FEI Number  
47-3597683

Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a certificate of status

S TALLENT

JUL 30 2020

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 05/22/2020

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	JONATHAN ARAPE	934 SPRING CIRCLE SUITE 103	DEERFIELD BEACH , FL 33441
MGR	ELIZABETH DE LA BLANCA	934 SPRING CIRCLE SUITE 103	DEERFIELD BEACH , FL 33441
MGR	BEATRIZ ARAPE	934 SPRING CIRCLE SUITE 103	DEERFIELD BEACH , FL 33441

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

05/22/2020

Daytime Phone #

Typed printed name of signatory on the front of this document JONATHAN ARAPE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2020

LUIS R. SMITH  
TAXES USA LLC  
11402 NW 41ST STREET SUITE 211  
DORAL, FL 33178

SUBJECT: ON TIME LOGISTICS LLC  
Ref. Number: L16000220825

We have received your document and check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE TOTAL AMOUNT DUE FOR THE REINSTATEMENT IS \$516.25. THERE IS A BALANCE OF \$277.50 STILL DUE.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 720A00012325

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