


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

CORPORATION REINSTATEMENT

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

FILED
Dec 31, 2001 8:00 A.M.
Secretary of State

DOCUMENT # P00000101640

1. Corporation Name
DELIVERY ON TIME, INC

201
406

500004749175--3
-01/03/02--01049--011
****150.00 ****150.00

2. Principal Office Address 11201 S.W. 55 ST. Suite/Apt. #, etc. 406 City & State: MIAMI, FL Zip: 33025 Country: USA	3. Mailing Office Address 11201 S.W. 55 ST. Suite/Apt. #, etc. 406 City & State: MIAMI, FL Zip: 33025 Country: USA
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4. Date Incorporated or Qualified
To Do Business in Florida - 10-21-00

5. FEI Number 65-1052581
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 FABIAN LEIVA
Street Address (P.O. Box Number is Not Acceptable): 11201 S.W. 55 ST
Suite/Apt. #, Etc.: # 406
City: MIAMI State: FL Zip Code: 33025

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: [Signature] Date: 11-3-01
LUIS F. LEIVA 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
DPT	LUIS FABIAN LEIVA	11201 S.W. 55 ST # 406	MIAMI, FL - 33025
DUPS	GRACIELA LAURA LEIVA	11201 S.W. 55 ST # 406	MIAMI, FL - 33025

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)(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] LUIS FABIAN LEIVA 11-3-01 1-305-336-7632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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DELIVERY ON TIME, INC
11201 SW 55TH STREET
MIRAMAR, FLORIDA 33025

PHONE (305) 336-7632

November 13, 2001

Division of Corporations
Annual Reports Section
Reinstatement Section
409 East Gaines Street
Tallahassee, Florida 32399

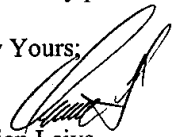
Gentlemen;

In RE: Delivery on Time, Inc
2001 Uniform Business Report Document P00000101640

I met with my accountant today and he found that I had not renewed my 2001 Corporation with you, I never received the annual report form application, therefore please find enclosed a check for \$ 150.00 and my 2001 reinstatement form.

Please abate any penalties you may impose.

Sincerely Yours;


Luis Fabian Leiva
Company President

cc: [illegible]