

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000047467**

1. Corporation Name

**ON TIME CSI, INC.**

Principal Place of Business

**200 LUCERNE CIRCLE  
UNIT 15  
ORLANDO FL 32801**

Mailing Address

**200 LUCERNE CIRCLE  
UNIT 15  
ORLANDO FL 32801**

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

2. New Principal Office Address, If Applicable

**130 water oak way**

Suite, Apt. #, etc.

**Old**

City & State

**Old Samar, AL 34677**

Zip

Country

3. New Mailing Office Address, If Applicable

**1028 9 AVE**

Suite, Apt. #, etc.

**Arredia**

City & State

**CA California**

Zip

Country

**91006**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/30/2002**

5. FEI Number

**02-0593204**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	DINSMORE, DUSTIN LEE	200 LUCERNE CIRCLE UNIT 15	ORLANDO FL 32801
SVD	SWEDBERG, THOMAS	200 LUCERNE CIRCLE UNIT 15	ORLANDO FL 32801

**REINSTATEMENT 03 TS**

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the regist **Spiegel & Utrera, PA** am for with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**By [Signature] via President**  
REGISTERED AGENT MUST SIGN

Date

**11/5/03**

11. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/22/03**

Daytime Phone #

**026 9167 7302**

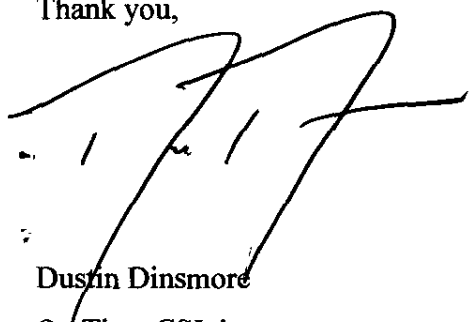
CR2E040 (7/03)

payor

10/22/03

Recently On Time CSI, inc. moved to a new address on the west coast. The mail was improperly misfiled or not sent to the officers of the company. This is the first notice received I talked with someone in your office he ask for a written letter to explain the situation and pay the \$150.00 fee only.

Thank you,

A large, stylized handwritten signature in black ink, appearing to read 'Dustin Dinsmore'.

Dustin Dinsmore

On Time CSI, inc  
1028 9<sup>th</sup> Ave  
Arcadia, CA 91006  
(626) 962-7302  
[ddinsmore@ontimecsi.com](mailto:ddinsmore@ontimecsi.com)  
Cell (626) 222-3107