

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 14 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000044416

1. Corporation Name

ONTIME SYSTEMS, INC.

2. Principal Office Address

1404 HIGHWOOD PL

Suite, Apt. #, etc.

3. Mailing Office Address

1404 HIGHWOOD PL

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL, FL

Zip

33543

Country

PASCO

City & State

WESLEY CHAPEL, FL

Zip

33543

Country

PASCO

REINSTATEMENT 9800

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/25/1995 SP

5. FEI Number

59-3315664

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

MARGARET MITCHELL

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

1404 HIGHWOOD PL

Suite, Apt. #, Etc.

800003351118-1

08/09/00-01079-01

***1050.00 ***1050.00

City

WESLEY CHAPEL

State

FL

Zip Code

33543

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

Margaret Mitchell

REGISTERED AGENT MUST SIGN

Date

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
P	MARGARET MITCHELL	1404 HIGHWOOD PL	WESLEY CHAPEL FL 33543

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:

Margaret Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/3-220-2233

Daytime Phone #

CR2E081 (9/99)