

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR -9 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028869

1. Corporation Name

LOGISTIC TRANSPORTATIONS SYSTEMS, CORP.

Principal Place of Business

1869 NW 97th. Ave.
Miami, FL 33172

Mailing Address

1869 NW 97th. Ave
Miami, FL 33172

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

2. New Principal Office Address, If Applicable

8140 NW 74th. Ave.
Suite, Apt. #, etc.
Ste. 19

3. New Mailing Office Address, If Applicable

2588 SW 27th. Ave.
Suite, Apt. #, etc.

City & State
Miami, FL 33166

City & State
Miami, FL 33133

Zip
33166

Country

Zip
33133

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/30/1998

5. FEI Number

65-0825391

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	Papahiu, Juan A.	29 Calle 15-52 Zona 12	Guatemala, Guatemala
SD	Papahiu, Juan A.	29 Calle 15-52 Zona 12	Guatemala, Guatemala

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***1050.00 ***1050.00

LS

8. Name and Address of Current Registered Agent

Delgado, Floria L.
12245 SW 208 Terrace
Miami, FL 33177

9. Name and Address of New Registered Agent

Name

Antonio Garcia

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

2588 SW 27th. Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/07/01

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN A. PAPAHIU

Date

3/07/01

Daytime Phone #

CR2E040 (12/96)