

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0400077319

1. Corporation Name

Tello & Sons Transport Inc.

200170250142
02/23/10--01022--009 **458.75

REINSTATEMENT

08-10

2. Principal Office Address - No P.O. Box # 853 Chicago St Suite, Apt. #, etc.		3. Mailing Office Address 853 Chicago St. Suite, Apt. #, etc.	
City & State Lehigh Acres		City & State Lehigh Acres	
Zip 33974	Country United States	Zip 33974	Country Florida

4. Date Incorporated or Qualified To Do Business in Florida 5/20/04	
5. FEI Number 76-0758056	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>Additional fee required for Certificate of Status</small>	

7. Name and Address of Current Registered Agent

Name
Juan Tello

Street Address (P.O. Box Number is Not Acceptable)
853 Chicago St.
Suite, Apt. #, Etc.

City
Lehigh Acres

State
FL

Zip Code
33974

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 2/16/10

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
Pres.	Juan Tello	853 Chicago St.	Lehigh Acres FL 33974

10. E-mail Address: _____ (To be used for future annual report notification)

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. I further certify, 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] Date 2/16/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/10