		PLEA	SE READ	ALL INST	RUCTI	IONS	BEFORE C	OMPLETI	NG THIS	FORM.		
	RPORAT		S	LORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				O7 OCT 19 PH 1: 17 SECRETARIA DE STATE TALLAHASSEE, FLORIDA				
DOCUMENT # P05000158603 1. Corporation Name TENG SOUTH 2, INC.								AT I	LLAHASSI	:E, FLUNIU	А	
2. Principa 4000		P.O. Box # Avenue	3. Mailing Of 5550 S	W 67th Terrace			CR2E081 (1/07)					
Suite, Apl. #, etc.				Suite, ApL #,	Suite, Apt. #, etc.				4. Date incorporated or Qualified 4.0/00/2005			
Pemb	broke l	 Pine:	s, FL	City & State Davie, FL				Applied For				
^{Zip} 3302	3	Country	у	^{Zip} 33314		Count	lry .	6.	E OF STATUS DESIR		Not Applicable ditional Fee required sufficate of Status	
7. Name and Address of Current Registered Agent Neectalier Gonzalez, Jr. Street Address (R O Any Number is Not Acceptable) 5550 SW 67th Terrace Suite, Apt. #. Etc.								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.				
Ďavie					State FL	33314		*****				
8. I, being Signature o Registered	of	negalgen er	The_	egistered ag	bligations of section 607.0505 or 617.0503, F.S. Dete 10/19/2007							
9. Names	s and Street /	Addresser					orations must list at le	east 3 directors)				
Titles	N					Street Address of Each Officer and/or Director			City / State / Zip			
Pres	Necta	Nectalier Gonzalez, Jr.			5550 SW 67th Terrace			race	Davie, I	FL 33314	1	
VP	Edilb	Edilberto Trujillo				5550 SW 67th Terrace			Davie, I	FL 33314	1	
	R	FI	NSTA	AI CONTRACTOR		- 17	:		 			
		_K	H		- T- T	4 T	10.0	<u> </u>				
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 cardity that when filling this reinstatement application, the reason for dissolution healbeen 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 contained in Chapter 119, 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:												
SIGNA		SIGNATUR	E AND TYPED OR PA	ENTED NAME OF	SIGNING OF	FICER O	R DIRECTOR		Dete	Daytime Pi		

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

CORPORATION REINSTATEMENT

TENG SOUTH 2, INC.

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