

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN 22 AM 11:10

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000059317

1. Corporation Name

TE'NACIONALSA INC

2. Principal Office Address - No P.O. Box #

6619 S. DIXIE HWY

Suite, Apt. #, etc.

#186

City & State

MIAMI, FLORIDA

Zip

33143

Country

USA

3. Mailing Office Address

6619 S. DIXIE HWY

Suite, Apt. #, etc.

#186

City & State

MIAMI, FLORIDA

Zip

33143

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

April 26, 2006

5. FEI Number

20-4637907

☒ 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 TAMEIKA BROWN

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

2160 NW 45th ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

☒ 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

Tameika Brown

Date 01/21/09

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
P.	TASHAWNA L. MACKAY-BRIDGES	15201 SW 80th ST 309	Miami, FL 33193
V.	DERRELL J. BRIDGES	15201 SW 80th ST 309	Miami, FL 33193

REINSTATEMENT 07-09KS

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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 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:

Tashawna Mackay-Bridges

Date

01/31/09

Daytime Phone #

(305) 300-6429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR