


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 31 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000134296	
1. Entity Name TRELA ENTERPRISES INC	

Principal Place of Business 3227 SAWGRASS CREEK CIRCLE ST CLOUD, FL 34772	Mailing Address 3227 SAWGRASS CREEK CIRCLE ST CLOUD, FL 34772
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2. Principal Place of Business - No P.O. Box # 13432 TEXAS WOODS - Suite, Apt. #, etc. CIR	3. Mailing Address Suite, Apt. #, etc.
City & State ORLANDO FL	City & State
Zip 32824	Country ORANGE

09212007 REIN-P CR2E098 (1/07)	
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
TRELA, TERESA 3227 SAWGRASS CREEK CIRCLE ST CLOUD, FL 34772	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Thaddeus Trela</i>	DATE: 12/25/07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TRELA, THADDEUS 3227 SAWGRASS CREEK CIRCLE ST CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500113521225 12/31/07--01040--003 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T TRELA, TERESA 3227 SAWGRASS CREEK CIRCLE ST CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: THADDEUS TRELA <i>Thaddeus Trela</i>	DATE: 12/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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