PLEASE READ ALL INS	RUCTIONS	BEFORE C	OMPLET	NGLHISFO	ĶМ.
	A DEPARTMENT OF STATE				
FOR	Sandra B. Mor			FILED	
	Secretary of S	1			
	IVISION OF CORPOR	RATIONS		FEB 22 PM	12:09
DOÇUMENT # <b>P9300023173</b>					
1. Corporation Name				SECRETARY OF ALLAHASSEE, FI	ORIDA
TELLE INTERNATIONAL, INC.					
Principal Place of Business Mailing Address			-		
7855 NW 12 ST 7855 NW 12 ST					
#217 #217 MIAMI FL 33126 MIAMI FL 33126			L I INNI KUULISI	L IQUQQ (INTE QQATE QQATE QQATE I	INNE CONTRACTOR CONTRACTOR CONTRACTOR
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			4 Date Incom	prated or Qualified	
10481 NW 41 ST 7801 COR			To Do Business in Florida 03/29/1993		
Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE (13		·	5. FEI Number	· · · ·	Applied For
City & State			l	65-0417215	Not Applicable
ZipZipZip	Countr		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
37118 U.S.A. 37153 U.S.A.					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)           Name of Officers         Street Address of Each					
		ficer and/or Director		4	ity / State / Zip
PVTS NAVA, FREDDY J	7855 NW 12 ST	·		MIAMI FL 33126	
PUTS NANA, FREDDY J. 7960 NW		JW166 5	•Т	MIAMI FL	. 330/6.
			9000031625990 -03/00/00-01006-005 +++1050.00 +++1050.00		
REINSTATEMENT 78-00					
8. Name and Address of Current Registered Ag	ent		9. Name and A	Address of New Regis	stered Agent
Name			T = T = T = T = T = T = T = T = T = T =		
NAVA, FREDDY J		Name NAVA, FREDOY J. Street Address (P.O. Box Number is Not Acceptable) 7966 ST			
7960 NE 166 T		<u>7960 NW 166 ST</u> Suite, Apt. #, Etc.			
MIAMI FL 33016					
		City MIAI			State Zip Code FL 33016
10. I, being appointed the egistered agent of the above named corp.			bligations of Sect	ion 607.0505, F.S.	
10. 1, 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         Registered Agent         REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes I No					
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: STANOW	27 QUI	RED	1	Talmer 1	100
SIGNATURE: SUBNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Datime Phone #					
,					

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