

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 AUG 29 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023173

1. Corporation Name

TELLE INTERNATIONAL INC

2. Principal Office Address

7960 NW 166 ST

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

Zip Country

33016-3418 MIAMI DADE

3. Mailing Office Address

7960 NW 166 ST

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

Zip Country

MIAMI DADE

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0417215

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

FREDDY J NAVA

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

7960 NW 166 ST

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33016-3418

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 8/24/07

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
PTE	<u>FREDDY J NAVA</u>	<u>7960 NW 166 ST</u>	<u>MIAMI LAKES FL 33016</u>
T/S.	<u>YOMANDA NAVA</u>	<u>7960 NW 166 ST</u>	<u>MIAMI LAKES FL 33016</u>

REINSTATEMENT

05-07

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/24/07

Daytime Phone #

August 24, 2007
Miami, Florida

Division of Corporation
P.O .Box 1500
Tallahallsee, Fl. 32302-1500


RE: Corporation Reinstatement
P93000023173
Telle International Inc
Annual Report 2005 2006 2007

Attached for your record ours three checks by \$150.00 each covering the reports of the reference.

We never received this reports our address is as follow ;

7960 NW 166 Street
Miami Lakes, Fl 33016-3418

Thank you for your attention to this matter.


Freddy J Nava
President

August 24, 2007
Miami, Florida

Division of Corporation
P.O .Box 1500
Tallahallsee, Fl. 32302-1500

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Freddy J Nava
President