

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 28 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023173

1. Corporation Name

TELLE INTERNATIONAL INC

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

7960 NW 166 STREET

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

Zip

33016

Country

MIAMI DADE

3. Mailing Office Address

7960 NW 166 STREET

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

Zip

33016

Country

MIAMI DADE

300156578583
05/23/09--01018--002 **150.00

REINSTATEMENT 08-09

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 JNNAVA

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

7960 NW 166 STREET

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33016

☐ 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

Freddy J Nnava

Date 4/20/2009

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
PDTE	FREDDY J NAVA	7960 NW 166 STREEET	MIAMI LAKES FL 33016

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:

Freddy J Nnava

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2009

Date

Daytime Phone #

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April 24, 2009
Miami, Florida

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

RE: Annual Report 2009
P93000023173
Telle International inc

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

We appreciate very much you attention to this case.

We never received this report our address is as follow ;

7960 NW 166 STREET
Miami Lakes Fl .33016

Thank you for your attention to this matter.



Freddy J Nava
President