

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 28 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P04000155041

THC Motors INC.

2. Principal Office Address

1540 Capital Cir. S.W.

Suite, Apt. #, etc.

#7

City & State

Tallahassee, FL.

Zip

32310

Country

Leon

3. Mailing Office Address

1540 Capital Cir. S.W.

Suite, Apt. #, etc.

#7

City & State

Tallahassee, FL

Zip

32310

Country

Leon

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

06-1735203

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

Tolun Cem Yucel

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

2122 Willie Vause Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

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

T.C. Yucel

REGISTERED AGENT MUST SIGN

Date NOV-22-2006

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
President	Tolun C. Yucel	2122 Willie Vause Rd.	Tallahassee, FL 32310
CEO	Patricia Ann Bowers	1901 N.E 162 Ave.	Vancouver, WA. 98684

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:

T.C. Yucel

TOLUN CEM YUCEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV-22-2006

Date

(503)-580-7653

Daytime Phone #

K. Eckel NOV 28 2006

2/2

TO WHOM IT MAY CONCERN

WE (THE MOTORS INC) DID NOT RECEIVE
ANY FORM REGARDING ANNUAL REPORT NOTICE
FOR 2005

NOV - 22 - 2006

TOLUN C. YUCEL

T.C. 