PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 FEB -6 PM 12: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000035877

1. Corporation Name
TACOMA MOTORS, INC

CR2E081 (12/05)

2. Principal Office Address 1647 STATE AVE	**3.** Mailing Office Address 1647 STATE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State HOLLY HILL, FL	City & State HOLLY HILL, FL

4. Date Incorporated or Qualified To Do Business in Florida   5/9/1994

Zip 32117	Country VOLUSIA	Zip 32117	Country VOLUSIA

5. FEI Number
59-2014294
[ ] 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
TACOMA, JAMES

200065563672
02/10/06 01012 004 **150.00

Street Address (P.O. Box Number is Not Acceptable)
1647 STATE AVE

Suite, Apt. #, Etc.

City HOLLY HILL	State FL	Zip Code 32117

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 _____   Date _____
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
PT	TACOMA, JAMES	1647 STATE AVE	HOLLY HILL FL 32117
		REINSTATEMENT 97-06	
		T. Roberts FEB 0 8 2006	

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: _James Tacoma_   JAMES TACOMA   2/3/06   386-673-0118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #