

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 PM 5:39

DOCUMENT # P96000014736

1. Corporation Name

T.C. MOTORS, INC.

Principal Place of Business	Mailing Address
COPANS COMMERCE PARK 1852 NW 55TH AVE MARGATE FL 33063	COPANS COMMERCE PARK 1852 NW 55TH AVE MARGATE FL 33063



REINSTATEMENT 99

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 Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/13/1996
City & State	City & State	5. FEI Number
Zip	Country	65-0641396
		Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$875 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	TAVILLA, PAUL J.	1151 SW 158TH AVENUE	PEMBROKE PINES FL
VP	CALARESO, JOSEPH A.	11070 NW 28TH STREET	CORAL SPRINGS FL

400003019794--7
-10/20/99--01066--004
****750.00 ****750.00

10/19

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TAVILLA, PAUL J COPANS COMMERCE PARK 1852 NW 55TH AVE MARGATE FL 33063	Name: Joseph A. Calareso Street Address (P.O. Box Number is Not Acceptable): 11070 NW 28th Street Suite, Apt. #, Etc.: Copans Commerce Park City: Margate State: FL Zip Code: 33063

10. I, 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: *Joseph A. Calareso* Date: 10/12/99
REGISTERED AGENT MUST SIGN

11. 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: *Joseph A. Calareso* Date: 10/12/99 Daytime Phone #: 954-920-8410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (8/99)