

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

03 JAN 30 PM 4:46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000013162

1. Corporation Name

TACOM CORP.

REINSTATEMENT

800011411108

01/30/03--01096--006 ***900.00

02-03

2. Principal Office Address

10707 CORPORATE DR

3. Mailing Office Address

10707 CORPORATE DR

Suite, Apt. #, etc.

SUITE 136

Suite, Apt. #, etc.

SUITE 136

City & State

STAFFORD TX

City & State

STAFFORD TX

Zip

77477

Country

FORT BEND

Zip

77477

Country

FORT BEND

4. Date Incorporated or Qualified To Do Business in Florida

2/09/1999

5. FEI Number

411907327

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 Carlos J. Reyes

Street Address (P.O. Box Number is Not Acceptable) 401 E. Las Olas Blvd.

Suite, Apt. #, Etc Suite 2000

City Fort Lauderdale

State FL

Zip Code 33301

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

Carlos J. Reyes

REGISTERED AGENT MUST SIGN

Date 1/28/03

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
PRES	CONTRERAS, ROBERTO JR.	10707 CORPORATE DR, H136	STAFFORD, TX 77477
V.P.	MARTINEZ RAMOS, ISABEL	//	//
CFD SEC	NAVARRO RUBIO, GINES	//	//
ACT SEC	ZUNIGA, LUIS	//	//
DIR	ROCHA, CARLOS	//	//

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos J. Reyes

1/12/02

Date

281-494-7272

Daytime Phone #

CR2E01 1/10/03