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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <i>P00000029643</i> <small>1. Corporation Name</small> <i>HELP TECHNOLOGIES INCORPORATED</i>			
2. Principal Office Address <i>16848 SW 82 COURT</i> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <i>16848 SW 82 COURT</i> <small>Suite, Apt. #, etc.</small>	
City & State <i>PALMETTO BAY, FL</i>		City & State <i>PALMETTO BAY, FL</i>	
Zip <i>33157</i>	Country <i>USA</i>	Zip <i>33157</i>	Country <i>USA</i>

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03-04

4. Date Incorporated or Qualified To Do Business in Florida <i>03/17/2000</i>	5. FEI Number <i>65-1017418</i>	Applied For... <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent	
Name <i>ROBERT R. RIPOLL</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>16848 SW 82 COURT</i>	
Suite, Apt. #, Etc.	
City <i>PALMETTO BAY</i>	State <i>FL</i>
Zip Code <i>33157</i>	

REINSTATEMENT

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 <i>Robert R. Ripoll</i>	Date <i>28 April 2004</i>
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
<i>Atty/30</i>	<i>ROBERT R. RIPOLL</i>	<i>16848 SW 82 COURT</i>	<i>PALMETTO BAY, FL 33157</i>

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: <i>Robert R. Ripoll</i>	Date <i>28 April 2004</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # <i>305 495 2649</i>	

CR2E081 (01/04)

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HELP Technologies Incorporated

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19 May 2004

Division of Corporations
Annual Report/Uniform Business Report Section
PO Box 6327
Tallahassee, Florida 32314

Re: Response to Letter Number: 204A00032979

Dear Ms. Mitchell,

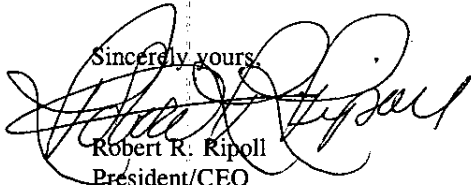
In response to your letter to us we are sending the corrected Uniform Business Report back to your attention.

In regard to the original Uniform Business Report for the 2003 filing year, we hereby state that we did not receive the original document in mailing from Tallahassee.

The corporation changed its location from the address previously recorded on the corporate filing to the new address reflected on the enclosed UBR in early August 2002.

Your kind attention to this matter is greatly appreciated and should you require additional information from us, please contact us at your convenience.

Sincerely yours,



Robert R. Ripoll
President/CEO
HELP Technologies Inc.