PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL -3 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P01000109216

1. Corporation Name
BRAZILIAN HELP CENTER MORTGAGE, CORP

05/08/03 01068 005 150.00
06/12/03 01046 003 150.00

2. Principal Office Address:	3. Mailing Office Address
739 E. ATLANTIC BLVD.	739 E. ATLANTIC BLVD.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: POMPANO BEACH - FL	City & State: POMPANO BEACH - FL
Zip: 33060 Country: USA	Zip: 33060 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: NOV / 2001

5. FEI Number: -- [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ]

7. Name and Address of Current Registered Agent

Name: WILSON ROBERTO ALVES

Street Address (P.O. Box Number is Not Acceptable): 739 E. ATLANTIC BLVD

Suite, Apt. #, Etc:

City: POMPANO BEACH | State: FL | Zip Code: 33060

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: 05-02-03
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
COMMERCIAL DIRECTOR	DANIELA G. ALVES	739 E. ATLANTIC BLVD	POMPANO BEACH - FL - 33060
DIRECTOR	WILSON R. ALVES	739 E. ATLANTIC BLVD	POMPANO BEACH - FL - 33060

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: _____ 05-02-03 (954)942-4359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 2

BHC

BRAZILIAN HELP CENTER

June 26, 2003.

Tyrone Scott-Document Specialist
Florida Department of State
Division of Corporation
P.O. Box. 6327
Tallahassee, FL 32314
Ph: (850)245-6059-Fax:(850)245-6017

RE: Brazilian Help Center MORTGAGE Corp., P# 01000109216

Our company Brazilian Help Center Mortgage have not received any UBR for 2002 year, we would like to have the late fees waived for that matter.
Also the $300,00 over payment under Brazilian Help Center Inc.doc.# P00000027896 are to be applied to Brazilian Help Center Mortgage MORTGAGE Corp., P# 01000109216.

Thank you very much for your understanding and consideration to this matter.

Sincerely,
Wilson R. Alves

739 E Atlantic Blvd. Pompano Beach, FL 33060 Ph: (954) 942-4359 / 4519 / 4682 Fax: (954) 942-9325