

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA 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

## 2. Principal Office Address

739 E. ATLANTIC BLVD.

Suite, Apt. #, etc.

City &amp; State

POMPANO BEACH - FL

Zip

33060

Country

USA

## 3. Mailing Office Address

739 E. ATLANTIC BLVD.

Suite, Apt. #, etc.

City &amp; State

POMPANO BEACH - FL

Zip

33060

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

NOV/2001

## 5. FEI Number

☒ Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

NOT APPLICABLE

## 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)

| Title                  | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip         |
|------------------------|--------------------------------------|---------------------------------------------------|----------------------------|
| COMMERCIAL<br>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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-02-03

Date

(954) 942-4359

Telephone Number

*payee*

BHC

BRAZILIAN HELP CENTER

June 26, 2003.

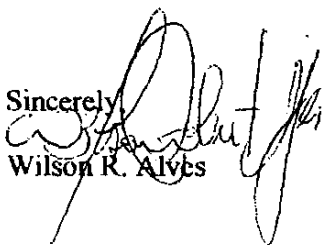
Tyrone Scott-Document Specialist  
Florida Department of State  
Division of Corporation  
P.O. Box. 6327  
Tallahassee, FL 32314  
Ph: (850)245-6059-Fax:(850)245-6017

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