

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 30 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000083173

1. Corporation Name

BRAZILIAN COURT, INC.

400006036274--2
-06/26/02--01021--002
****900.00 ****900.00

2. Principal Office Address 109 Highland Ave. Suite, Apt. #, etc. 2 ND FLOOR		3. Mailing Office Address 109 Highland Ave. Suite, Apt. #, etc. 2 ND FLOOR		4. Date Incorporated or Qualified To Do Business in Florida 10/30/95	
City & State Needham, MA		City & State Needham, MA		5. FEI Number 65-0617291	
Zip 02494	Country USA	Zip 02494	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For Not Applicable	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

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 Connie Bryan **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY Date 5/30/02

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
D/P/T	Andrew D. Gosman	109 Highland Ave., 2nd Floor	Needham, MA 02494
D/V/S	Michael M. Gosman	109 Highland Ave., 2nd Floor	Needham, MA 02494

10. I certify that I am an officer or director of 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: Andrew D. Gosman **Andrew D. Gosman** Date 05/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #