

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

02 JUN 12 AM 10:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**

DOCUMENT # **P95000083177**

1. Corporation Name

Brazilian Court Management, INC.

2. Principal Office Address

109 HIGHLAND AVE

Suite, Apt. #, etc.

2ND FLOOR

City & State

NEEDHAM, MASS.

Zip

02494

Country

USA

3. Mailing Office Address

109 HIGHLAND AVE

Suite, Apt. #, etc.

2ND FLOOR

City & State

NEEDHAM, MASS.

Zip

02494

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida

10/30/95.

5. FEI Number

650617295

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

FRANK SPRINGER.

Name

CT CORPORATION SYSTEM, INC

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

Suite 250

City

PLANTATION

State

FL

Zip Code

33324

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*****908.75 ***908.75**

8. I, being appointed the registered agent of the above named corporation, am familiar with **BARBARA A. BURKE** the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Barbara A. Burke

SPECIAL ASSISTANT SECRETARY

Date

6/3/02.

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	NEEDHAM, MA. 02494
D/V/S	-Michael -M. Gosman-	109 HIGHLAND AVE	-NEEDHAM, MA. 02494

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:

Andrew Gosman

Andrew Gosman

6-11-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dir. Pres. Treas.

CR2E081 (9/01)