

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

03 APR 29 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000069491

1. Corporation Name  
Leba, Inc.

**REINSTATEMENT**

2. Principal Office Address  
1500 San Remo Avenue

3. Mailing Office Address

Suite, Apt. #, etc.  
177

Suite, Apt. #, etc.

City & State  
Coral Gables, Fl.

City & State

Zip Country  
33146 USA

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-1096808

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required  
for a Certificate of Status

12-04-02 01072 004 \$550.00  
02-53

**7. Name and Address of Current Registered Agent**

Name  
Pablo R. Bared, Esq. /Bared & Assoc., PA

Street Address (P.O. Box Number is Not Acceptable)  
1500 San Remo Avenue,

Suite, Apt. #, Etc.  
#177

City  
Coral Gables

100019327701  
05/19/03--01093--002 \*\*350.00

State Zip Code  
FL 33146

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 4/28/03

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
PSD	Hamui, Abraham C	Sierra Vertientes No. 325 Det. 1401	CP 11000 Mexico, DF Mexico

100019327701  
05/19/03--01093--003 \*\*8.75

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: A. Hamui

Abraham C. Hamui, Presiden 4/28/03

305-666-6010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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