


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 25 PM 1:15

DOCUMENT # P0600008495 1. Entity Name LENKO CENTER READY, CO	
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Principal Place of Business 6595 N.W. 36TH ST. STE 112-1 VIRGINIA GARDENS, FL 33166	Mailing Address 6595 N.W. 36TH ST. STE 112-1 VIRGINIA GARDENS, FL 33166
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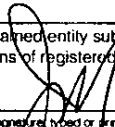
2. Principal Place of Business - No P.O. Box # 175 FONTAINEBLEAU Blvd	3. Mailing Address SAME
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Suite, Apt. #, etc. 1-E9	Suite, Apt. #, etc. SAME	City & State MIAMI FLA	City & State SAME
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Zip 33172	Country USA	Zip SAME	Country SAME
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6. Name and Address of Current Registered Agent MURGADO, JESUS 6595 NW 36 STREET #112-1 VIRGINIA GARDENS, FL 33166	7. Name and Address of New Registered Agent Name Murgado Jesus Street Address (P.O. Box Number is Not Acceptable) 175 FONTAINEBLEAU Blvd 1-E9 City MIAMI FL Zip Code 33172
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **01-24-08**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PD MURGADO, JESUS	<input type="checkbox"/> Delete STREET ADDRESS 6595 N.W. 36TH STREET, STE 112-1 CITY-ST-ZIP VIRGINIA GARDENS, FL 33166	TITLE NAME PD Murgado, Jesus	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 175 FONTAINEBLEAU BLVD 1-E9 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200116458332 01/30/08--01032--021 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 1/25/08
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 01-24-08
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **1/24/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR