PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -6 PM 3: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 0000 81730

1. Corporation Name

LEADING CONSULTANTS INC

REINSTATEMENT 03-04

2. Principal Office Address
4730 NW 98 PL

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip 33178 | Country USA

3. Mailing Office Address
4730 NW 98 PL

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip 33178 | Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 07-/29/2002

5. FEI Number 76-0707214 | 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

Name JUAN DIEGO CALLE

300035558903
05/06/04--01022--030 **900.00

Street Address (P.O. Box Number is Not Acceptable) 4730 NW 98 PL

Suite, Apt. #, Etc.

City MIAMI | State FL | Zip Code 33178

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 _Diego Calle P._ REGISTERED AGENT MUST SIGN

Date 04/28/2004

CR2E081 (01/04)

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
DP	JUAN DIEGO CALLE	4730 NW 98 PL	MIAMI / FL / 33178
DV	GLORIA ALEJANDRA LAVERDE	4730 NW 98 PL	MIAMI / FL / 33178

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: _Diego Calle P._ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04/28/2004 Daytime Phone # (305)9847820