


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000002533		
1. Entity Name LEADER INSTRUMENTS CORPORATION		

FILED

2008 FEB -7 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01232008 REIN-P CR2E098 (1/07) 18

Principal Place of Business 6484 COMMERCE DRIVE CYPRESS, CA 90630	Mailing Address 6484 COMMERCE DRIVE CYPRESS, CA 90630
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 11-2200988	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
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GONOS, GEORGE 5479 TABB AVE. SPRING HILL, FL 34609
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7. Name and Address of New Registered Agent
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Name CARLOS NOGUERA
Street Address (P.O. Box Number is Not Acceptable) 930 BAY DRIVE, #13
City MIAMI BEACH
State FL
Zip Code 33141

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  CARLOS NOGUERA	DATE 1/29/08
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OHMATSU, SHIGERU TOKYO JAPAN, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONOS, GEORGE 5479 TABB AVENUE SPRING HILL, FL 34609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURASE, SATORU 399 PARK AVENUE BEW YORK, NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAWA, MASAHIRO 84 DOVECREST IRVINE, CA 92620 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HIROTA, SHIGEHICO 2-6-33 TSUNASHIMA-HIGASHI, KOHOKU-KU YOKOHAMA, 223-8505 JAPAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1057 VAN GORDEN WAY PLACENTIA, CA 92870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400117543364 02/07/08--01051--005 **\$300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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	DAYTIME PHONE # 714-527-9300
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