

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



REINSTATEMENT #8

Principal Place of Business 6484 COMMERCE DRIVE CYPRESS, CA 90630	Mailing Address 6484 COMMERCE DRIVE CYPRESS, CA 90630
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

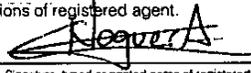
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 11-2200988	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
GONOS, GEORGE 5479 TABB AVE. SPRING HILL, FL 346-09

7. Name and Address of New Registered Agent	
Name CARLOS NOGUERA	
Street Address (P.O. Box Number is Not Acceptable) 930 BAY DRIVE, #13	
City MIAMI BEACH	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**

Signature, typed or printed name of registered agent and title if applicable. (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													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">C OHMATSU, SHIGERU TOKYO JAPAN,</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>D GONOS, GEORGE 5479 TABB AVENUE SPRING HILL, FL 34609</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>S MURASE, SATORU 399 PARK AVENUE BEW YORK, NY 10022</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>T SAWA, MASAHIRO 84 DOVECREST IRVINE, CA 92620</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	C OHMATSU, SHIGERU TOKYO JAPAN,	<input checked="" type="checkbox"/> Delete	D GONOS, GEORGE 5479 TABB AVENUE SPRING HILL, FL 34609	<input type="checkbox"/> Delete	S MURASE, SATORU 399 PARK AVENUE BEW YORK, NY 10022	<input type="checkbox"/> Delete	T SAWA, MASAHIRO 84 DOVECREST IRVINE, CA 92620	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
C OHMATSU, SHIGERU TOKYO JAPAN,	<input checked="" type="checkbox"/> Delete												
D GONOS, GEORGE 5479 TABB AVENUE SPRING HILL, FL 34609	<input type="checkbox"/> Delete												
S MURASE, SATORU 399 PARK AVENUE BEW YORK, NY 10022	<input type="checkbox"/> Delete												
T SAWA, MASAHIRO 84 DOVECREST IRVINE, CA 92620	<input type="checkbox"/> Delete												
	<input type="checkbox"/> Delete												
	<input type="checkbox"/> Delete												

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">C HIROTA, SHIGEHICO 2-6-33 TSUNASHIMA-HIGASHI, KOHOKU-KU YOKOHAMA, 223-8505 JAPAN</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1057 VAN GORDEN WAY PLACENTIA, CA 92870</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>400117543364 02/07/08--01051--005 **\$300.00</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	C HIROTA, SHIGEHICO 2-6-33 TSUNASHIMA-HIGASHI, KOHOKU-KU YOKOHAMA, 223-8505 JAPAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1057 VAN GORDEN WAY PLACENTIA, CA 92870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	400117543364 02/07/08--01051--005 **\$300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
C HIROTA, SHIGEHICO 2-6-33 TSUNASHIMA-HIGASHI, KOHOKU-KU YOKOHAMA, 223-8505 JAPAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
1057 VAN GORDEN WAY PLACENTIA, CA 92870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
400117543364 02/07/08--01051--005 **\$300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
	<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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR