FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 13 AM 11:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000024154

1. Limited Liability Company's Name
LEADERSHIP CAPITAL, LLC
C/O ROD OCAMPO

4/13

2. Principal Office Address	3. Mailing Office Address
16 TURTLE WALK	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY BISCAYNE, FL	City & State
Zip: 33149 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA DADE
5. Date Organized or Qualified To Do Business in Florida: 9/17/02
6. FEI Number: 57-1138257 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: RODRIGO OCAMPO
Street Address (P.O. Box Number is Not Acceptable): 16 TURTLE WALK
800029967518
03/08/04 --01085--006 **150.00
Suite, Apt. #, Etc.
City: KEY BISCAYNE State: FL Zip Code: 33149

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: RO. Date: 3/27/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	RODRIGO OCAMPO	16 TURTLE WALK	KEY BISCAYNE FL 33149
		800029967518 04/13/04--01088--001 **50.00	
		REINSTATEMENT 2003-2004	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: RO. Date: 2/2/04 Daytime Phone #: 786 269-6252

Typed or printed name of signing Managing Member/Manager: RODRIGO OCAMPO

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