


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b>			
<b>1. Corporation Name</b> Budget Leaks, Inc. 600000103458			
<b>2. Principal Office Address</b> 6345 SW 138 ct Suite, Apt. #, etc. 104 City & State Miami, FL Zip 33183		<b>3. Mailing Office Address</b> Same Suite, Apt. #, etc. City & State Zip Country	

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

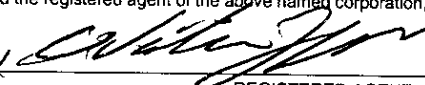
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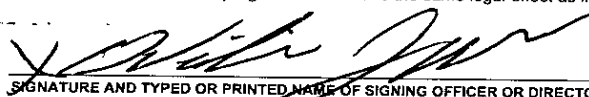
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11-3-00	
<b>5. FEI Number</b> 65-1054131	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Ovidio Iglesias	
Street Address (P.O. Box Number is Not Acceptable) 6345 SW 138 ct	
Suite, Apt. #, Etc. 104	
City Miami	State FL
Zip Code 33183	

<b>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.</b>	
Signature of Registered Agent 	Date 11-23-02
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
Pres	Ovidio Iglesias	6345 SW 138 ct #104	Miami FL 33183
Sec	Jacquelyn Bussoffi	6345 SW 138 ct #104	Miami FL 33183

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

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