2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000081260

FILED Oct 07, 2008 Secretary of State

Entity Name: LEVERAGE ONLINE SOLUTIONS, INC.,	·
Current Principal Place of Business:	New Principal Place of Business:
223 DOLPHIN COVE CT BONITA SPRINGS, FL 34134	19659 MADDELENA CIRCLE FT MYERS, FL 33967
Current Mailing Address:	New Mailing Address:
223 DOLPHIN COVE CT BONITA SPRINGS, FL 34134	19659 MADDELENA CIRCLE FT MYERS, FL 33967
FEI Number Applied For (X) FEI Number Applied For (X)	umber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
MILLER, ROGER 223 DOLPHIN COVE CT., BONITA SPRINGS, FL 34134 US	MILLER, JOE 19659 MADDELENA CIRCLE FT MYERS, FL 33967 US
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: JOE MILLER	10/07/2008
Electronic Signature of Registered Agent In accordance with s. 607.193(2)(b), F.S., the corporation did not receive Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:	Date the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: HORNE, PHYLLIS Address: 1917 LOGAN MANOR DR City-St-Zip: RESTON, VA 20190	Title: () Change () Addition Name: Address: City-St-Zip:
Title: () Delete Name: Address: City-St-Zip:	Title: VP () Change (X) Addition Name: PAUTIENUS, BRYAN Address: 17 ETERNITY COURT City-St-Zip: GERMANTOWN, MD 20874
Title: () Delete Name: Address: City-St-Zip:	Title: ST () Change (X) Addition Name: PAUTIENUS, ROXANNE Address: 17 ETERNITY COURT City-St-Zip: GERMANTOWN, MD 20874

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS HORNE P 10/07/2008