

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 9:11

DOCUMENT # L03000033761

1. Limited Liability Company's Name

Vantage Point Asset Management, LLC

CR2E041 (8/05)

2. Principal Office Address

30 Michelle Dr.

Suite, Apt. #, etc.

City & State

Clifton Park, NY

Zip

12065

Country

USA

3. Mailing Office Address

30 Michelle Dr.

Suite, Apt. #, etc.

City & State

Clifton Park, NY

Zip

12065

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

9-8-03

6. FEI Number

90-0118038

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

Jet Nunez

Street Address (P.O. Box Number is Not Acceptable)

721 North West 1072 - Ter

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

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

Jet Nunez

REGISTERED AGENT MUST SIGN

Date

9/7/06

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
MBR	Miguel A. Torres	30 Michelle Dr.	Clifton Park, NY 12065
			100090270531 09/28/06--01055--008 **250.00
			REINSTATEMENT 04-06

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

Miguel A. Torres

Date

9/18/06

Daytime Phone #

518-373-2841

Typed or printed name of signing Managing Member/Manager

Miguel A. Torres