

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000033761

1. Limited Liability Company's Name

Vantage Point Asset Management, LLC

2. Principal Office Address - No P.O. Box #

30 Michelle Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

30 Michelle Dr.

Suite, Apt. #, etc.

City & State

Clifton Park, NY

Zip Country

12065 USA

City & State

Clifton Park, NY

Zip Country

12065 USA

8. Name and Address of Current Registered Agent

Name

Jet Nunez

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

721 North West 1072 - Terr

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 605, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/15/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
CEO	Miguel A. Torres	30 Michelle Dr.	Clifton Park, NY 12065
	REINSTATE		DEC 31 2015
			R. HUNT

11. E-mail Address:

MTorres1577@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

12/24/15

Daytime Phone #

578-530-0823

Typed or printed name of signing authorized representative/member