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2007 MAR 21 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/05)

DOCUMENT # F00000000200

1. Corporation Name

All Points Capital Corp.

2. Principal Office Address		3. Mailing Office Address	
275 Broadhollow Road		275 Broadhollow Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Melville, New York		City & State: Melville, New York	
Zip: 11747	Country: USA	Zip: 11747	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

REINSTATEMENT BS 3/23/07

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.

Signature of Registered Agent: Doreen F. Wallace — REGISTERED AGENT MUST SIGN

Doreen F. Wallace as its agent

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Walter Rabin	275 broadhollow Rd.	Melville, NY 11747
SVP	Anthony Fanfauzzi	275 broadhollow Rd.	Melville, NY 11747
SVP	Charles Haccoch	275 broadhollow Rd.	Melville, NY 11747
SEC	Aurelie Campbell	275 broadhollow Rd.	Melville NY 11747
EVP	John DiGiacomo	275 broadhollow Rd.	Melville, NY 11747

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 contained in Chapter 119, 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] Walter Rabin 3/16/07 631-531-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAR. 21. 2007 2:32PM C S C NO. 084 P. 2

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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CORPORATION REINSTATEMENT

ALL POINTS CAPITAL CORP.

Certificate of Status	0
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