2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 20, 2004
Secretary of State

DOCUMENT# L03000050308

Entity Name: VANTAGE MARKETING GROUP, LLC

Current Principal Place of Business:

13558 BARCELONA LAKE CIRCLE
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

Current Mailing Address:

13558 BARCELONA LAKE CIRCLE
DELRAY BEACH, FL 33446 US

New Mailing Address:

191 MAIN STREET
C
PORT WASHINGTON, NY 11050 US

FEI Number: 42-1611569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KAPLAN, ROBERT A
13558 BARCELONA LAKE CIRCLE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	KAPLAN, ROBERT A	
Address:	13558 BARCELONA LAKE CIRCLE	
City-St-Zip:	DELRAY BEACH, FL 33446 US	
Title:	MGRM	( ) Delete
Name:	RITTER, ERIC S	
Address:	60-05 F 194 TH STREET	
City-St-Zip:	FRESH MEADOWS, NY 11365 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT KAPLAN MGRM 10/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date