

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L05000114185

1. Limited Liability Company's Name

Vermillion Point, LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 174 Watercolor Way		3. Mailing Office Address 174 Watercolor Way	
Suite, Apt. #, etc. Suite 286		Suite, Apt. #, etc. Suite 286	
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL	
Zip 32459	Country USA	Zip 32459	Country USA
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 11/29/2005			
6. FEI Number 203858412		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
8. Name and Address of Current Registered Agent			
Name Gerald Richardson			
Street Address (P.O. Box Number is Not Acceptable) 174 Watercolor Way			
Suite, Apt. #, Etc. Suite 286			
City Santa Rosa Beach		State FL	Zip Code 32459

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


REGISTERED AGENT MUST SIGN

Date 3/24/2010

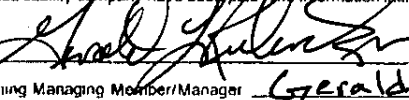
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Gerald Richardson	174 Watercolor Way, Suite 286	Santa Rosa Beach, FL 32459
600173694970 03/30/10--01029--018 **377.50			
jrrich1964@yahoo.com			
REINSTATEMENT 2009-10			

11. E-mail Address. jrrich1964@yahoo.com

12. 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


Typed or printed name of signing Managing Member/Manager Gerald

Date 3/24/2010

Daytime Phone # 312 961 9980

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HANFT FRIDE
A PROFESSIONAL ASSOCIATION

1000 U.S. BANK PLACE
130 WEST SUPERIOR STREET
DULUTH, MINNESOTA 55802-2094
TELEPHONE: 218/722-4766
FAX: 218/529-2401
WWW.HANFTLAW.COM

March 29, 2010

WRITER'S DIRECT DIAL
218/529-2445
WRITER'S E-MAIL
nlg@hanftlaw.com

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TIM A. STROM*
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MARK D. PILON*
JACOB J. BAKER*
KENNETH A. KIMBER*
CATHERINE E. BAKER
SCOTT A. WITTY
DAVID L. TILDEN
NATHAN N. LACOURSIERE
NORA C. SANDSTAD

*ALSO ADMITTED IN WISCONSIN

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Vermillion Point, LLC
Our File No. 26268

Dear Sir or Madam:

Enclosed is a Limited Liability Reinstatement for the above referenced entity. Also enclosed is our check in the amount of \$377.50, which is \$100.00 for the reinstatement fee and \$138.75 for the annual report for each of the years 2009 and 2010.

Please return all correspondence to the undersigned at the above address.

The email for future annual report notification is jrrich1964@yahoo.com.

If you have any questions or need anything further, please contact the undersigned at the email or phone above. Thank you.

Very truly yours,


Nona L. Goertz
Paralegal

Enclosures

c: Mr. Larry Hutchinson (w/o enc.)
Mr. Gerald Richardson (w/o enc.)