


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<div style="float: right; text-align: right;"><b>FILED</b> 01 NOV -5 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="clear: both;"></div>			
<b>DOCUMENT #</b> M 00000002150			
<b>1. Limited Liability Company's Name</b> <i>ADVANTAGE Point, LLC</i>			
<b>2. Principal Office Address</b> <i>One Purlieu Place</i> Suite, Apt. #, etc. <i>#295</i> City & State <i>Winter Park, FL</i> Zip <i>32792</i> Country <i>USA</i>		<b>3. Mailing Office Address</b> <i>One Purlieu Place</i> Suite, Apt. #, etc. <i>#295</i> City & State <i>Winter Park, FL</i> Zip <i>32792</i> Country <i>USA</i>	
<b>4. State/Country of Formation,</b> <i>FLORIDA</i>		<b>5. Date Organized or Qualified To Do Business in Florida</b> <i>2001</i>	
<b>6. FEI Number</b>		<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$300 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b>			
Name <i>DAVID SAN FILIPPO, PH.D.</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>One Purlieu Place,</i> <i>300004685313-8</i>			
Suite, Apt. #, Etc. <i>295</i> <i>11/16/01-01051-028</i> <i>****150.00 ****150.00</i>			
City <i>Winter Park</i>		State <i>FL</i>	Zip Code <i>32792</i>
<b>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.</b>			
Signature of Registered Agent <i>[Signature]</i>		Date <i>10/16/01</i>	
REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LUIS RAMOS	One Purlieu Pl. #295	Winter Park, FL 32792
MGR	DAVID SCIBAL	PO Box 500 Somers Pt.	Somers Pt. NJ 08244
MGR	Lindsay Becotte	PO Box 500	Somers Pt., NJ 08244
MGR	DAVID SAN FILIPPO	One Purlieu Pl #295	Winter Park, FL 32792
<b>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.</b>			
Signature of Managing Member/Manager <i>[Signature]</i>		Date <i>10/16/01</i> Daytime Phone # <i>4075712488</i>	
Typed or printed name of signing Managing Member/Manager <i>R. DAVID SAN FILIPPO</i>			

CR2E041 (9/01)