
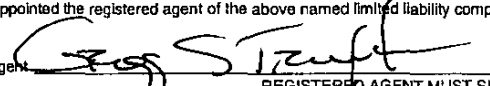
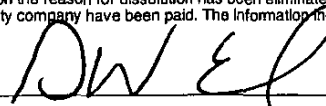


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000113927			
1. Limited Liability Company's Name  Highway 31, LLC			
2. Principal Office Address - No P.O. Box # 3818 Del Prado Blvd.  Suite, Apt. #, etc.		3. Mailing Office Address 3818 Del Prado Blvd.  Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State Cape Coral, FL	
Zip 33904	Country US	Zip 33904	Country US
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 11/29/05	
6. FEI Number 51-0586774		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name Bolanos Truxton, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 12800 University Drive			
Suite, Apt. #, Etc. Suite 350			
City Fort Myers		State FL	Zip Code 33907
<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.			
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 		Date 10/17/07	
REGISTERED AGENT MUST SIGN			
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	Greg W. Eagle	3818 Del Prado Blvd.	Cape Coral, FL 33904
REINSTATEMENT 2006-2007			
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.			
Signature of Managing Member/Manager 		Date 10-15-7 Daytime Phone # 2395422333	
Typed or printed name of signing Managing Member/Manager			