

H09000215011 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT -6 AM 9:13

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L08000073033

1. Limited Liability Company's Name

SEVENTY ONE THIRTY ONE LLC

900161407679  
10/07/09--01001--019 \*\*168.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

7131 Fisher Island Drive

3. Mailing Office Address

7131 Fisher Island Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fisher Island, Florida

City & State

Fisher Island, Florida

Zip

33109

Country

USA

Zip

33109

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

July 29, 2008

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CorpDirect Agents, Inc.

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

*Michelle Holder, Asst. Sec.*  
Michelle Holder, Asst. Sec.  
REGISTERED AGENT MUST SIGN

Date

10/6/09

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	Richard A. Kraver	7131 Fisher Island Drive	Fisher Island, Florida 33109

REINSTATEMENT 2009

11. I certify that I am managing member/manager of 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

*Richard A. Kraver*

Date 10/1/09

Daytime Phone# 305-975-5900

Typed or printed name of signing Managing Member/Manager Richard A. Kraver, Manager

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