

2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05 Reinst.

FILED

05 SEP 19 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08172005 REIN-P CR2E098 (6/04)

DOCUMENT # P01000025633			
1. Entity Name 31 ENTERPRISES, INC.			
Principal Place of Business 5001 PILGRAM PATHWAY TAMPA, FL 33611-3851		Mailing Address C/O ASSANTE 280 PARK AVE 5TH FL EAST NEW YORK, NY 10017	
2. Principal Place of Business <i>515 East Park Ave</i>		3. Mailing Address <i>c/o Loring Road</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>280 Park Avenue FL5</i>	
City & State <i>Tallahassee</i>		City & State <i>New York</i>	
Zip <i>FL</i>	Country <i>US</i>	Zip <i>NY</i>	Country <i>US</i>
4. FEI Number 13-4068698		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEHORN, JASON 5001 PILGRAM PATHWAY TAMPA, FL 33611-3851		7. Name and Address of New Registered Agent Name <i>Jason Sehorn</i> Street Address (P.O. Box Number is Not Acceptable) <i>515 East Park Avenue</i> City <i>Tallahassee</i> FL Zip Code <i>32301</i>	
--	--	--	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEHORN, JASON 5001 PILGRAM PATHAG TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Sehorn, Jason</i> <i>515 East Park Avenue</i> <i>Tallahassee, FL 32301</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100059750151
09/19/05--01061--001 **900.00

[Handwritten Signature]

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date *9.10.05* Daytime Phone # _____