2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000017145 FILED 1. Entity Name AEGIS VENTURE CAPITAL ASSETS, INC. 06 MAR 13 AM 11: 15 TALLAMAS LE, FLORIDA Principal Place of Business Mailing Address 1371 96 STREET 1371 96 STREET BAY HARBOR ISLANDS, FL 33154 BAY HARBOR ISLANDS, FL 33154 2. Principal Place of Business 3. Mailing Address 11110West Oakland Park Blud DELLES REIN PENVICREGOR (1105) Suite, Apt. #, etc. City & State 4. FEI Number Applied For 65-0983629 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent-GARBER, HAROLD M P.A. 2999 N.E. 191 STREET, #903 MIAMI, FL 33180 Zip Code 33351 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. DAVID H - BRAUN (NOTE: Registered Agent signature required when reinstating) 03/02/06 Signature, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWIII FEE IS \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CPST **CPST** TITLE Delete TITLE Addition ☐ Change Braus, David H. Braus, David H. Braus Park Blud #241 ANGLETON, JAMES JR. NAME NAME 1371 96 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154 CITY-ST-7/P TITLE ☐ Delete TITLE 900069052869 03/30/06--01045--002 **308.75 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: