MAY-07-2007 11:02 P.02

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000000580

1. Entity Name
AEGIS STORAGE, L.L.C.

FILED
07 MAY -7 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2717 E. OAKLAND AVENUE ATTN: ROBERT L WEAVER JOHNSON CITY, TN 37601	2717 E. OAKLAND AVENUE ATTN: ROBERT L WEAVER JOHNSON CITY, TN 37601

05022007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
904 N. STATE OF FRANKLIN RD		PO BOX 5238	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JOHNSON CITY, TN		City & State: JOHNSON CITY, TN	
Zip: 37604	Country: US	Zip: 37602	Country: US

4. FEI Number: 65-1170908 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, TROY H JR
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name: ANDRE' K.R. CHARBONNEAU, ESQ
Street Address (P.O. Box Number is Not Acceptable): 2033 MAIN ST STE 600
City: SARASOTA FL Zip Code: 34237

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 ________ 5/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM AEGIS FINANCIAL GROUP, INC. 2717 E. OAKLAND AVENUE JOHNSON CITY, TN 37601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM AEGIS FINANCIAL GROUP, INC P. O. BOX 5238 JOHNSON CITY, TN 37602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	05/05/06 90025-025	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

50.00

REINSTATEMENT
06, 07

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ________ AS ATTORNEY/AUTHORIZED REP. 5/3/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ANDRE' K.R. CHARBONNEAU, ESQ. 941 366 8100

900101969989
05/09/07--01043--033 **50.00

TOTAL P.02