

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 30 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017145

1. Corporation Name

AEGIS VENTURE CAPITAL ASSETS, INC.

2. Principal Office Address

1371 96 Street

Suite, Apt. #, etc.

City & State

Bay Harbor Islands, FL Bay Harbor Islands, FL

Zip

33154

Country

Miami-Dade

3. Mailing Office Address

1371 96 Street

Suite, Apt. #, etc.

City & State

Bay Harbor Islands, FL

Zip

33154

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/2000

5. FEI Number

65-0983629

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-04

7. Name and Address of Current Registered Agent

Name

HAROLD M. GARBER, P.A.

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

2999 NE 191 Street #903

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

8/26/2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPST	James Angleton, Jr.	1371 96 Street	Bay Harbor Islands, FL 33154

600040648326
08/30/04--01035--004 **1058.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/2004

Date

305-937-4045

Daytime Phone #

CP2E081 (01/04)