2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000017145

1. Entity Name
AEGIS VENTURE CAPITAL ASSETS, INC.

FILED
06 MAR 13 AM 11: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1371 96 STREET BAY HARBOR ISLANDS, FL 33154	1371 96 STREET BAY HARBOR ISLANDS, FL 33154

2. Principal Place of Business	3. Mailing Address
1110 West Oakland Park Blvd	Same
Suite, Apt. #, etc.: Suite #241	Suite, Apt. #, etc.
City & State: Sunrise Fl	City & State
Zip: 33351 / Country: U.S.	Zip / Country

REINSTATEMENT 05-06
03022006 REIN-P CR2E098 (11/05)

4. FEI Number: 65-0983629 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARBER, HAROLD M P.A. 2999 N.E. 191 STREET, #903 MIAMI, FL 33180	Name: David H. Braun Street Address (P.O. Box Number is Not Acceptable): 1110 West Oakland Park Blvd Suite #241 City: Sunrise FL 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.

SIGNATURE: [signature] DAVID H. BRAUN 03/02/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPST ANGLETON, JAMES JR. 1371 96 STREET BAY HARBOR ISLANDS, FL 33154 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPST Braun, David H. 1110 West Oakland Park Blvd #241 Sunrise, Fl 33351 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete [initials] 3/14	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 9000069052869 03/30/06--01045--002 **308.75
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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] DAVID H. BRAUN 03/02/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #