## 2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT										
DOCUMENT # P97000041350										
1. Entity Nam ARMORG		STORAGE, INC.					FILED			
					\$ 11 TO		05	NOV 17	P17	li: 12
Principal Plac		s	Mailing Address			(x, (x))	SEC	a.;		
7165 N. WICKHAM RD.   MELBOURNE, FL 32940			110 S COURTNEY PKWY SUITE 2			SHK	TALI		:-:	7 A
•			MERRITT ISLAND, FL 32952							
2. Principal Place of Business			3. Mailing Address					HIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			U BALLUE I	STATE	VCR2±098	(6/04)	<u>w5</u>
City & State			City & State			4. FEI Numb 59-350			J	plied For t Applicable
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name					
SAVELL, I						s (P.O. Boy Numb	er is Not Acceptable)			
SUITE 2				01001/10000 (1.0.100X ) (1.0.100X )						
, merari				City			FL	Zip Code	•	
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 Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithm required when reinstarting)  DATE										
FILE NOWIII FEE 18 \$750.00 After January 1, 2006, Fee will be \$900.00										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	  CHANGES TO OFFI	CERS AND DIF	ECTORS	3 IN 11
TITLE	D		☐ Defete	E				Change	☐ Addition	
NAME Street address		MICAH G JURTNEY PKWY SUITE	<b>≣</b> 2	NAME STREET		. <b>4</b> 5	<u> </u>	2157	<b>4</b> 300 0	
CITY-ST-ZIP	MERRITT	ISLAND, FL 32952			-ST-ZIP	11/1//05=-01050=-004 **/50.00				
TITLE NAME	☐ Delete				E IE				Change	Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					<u> </u>
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NAME			C Delete	NAM				U.	Change	Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP	**		••		
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NAME STREET ADDRESS	ļ			HAM	EET ADDRESS	-				
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITU	;				Change	☐ Addition
NAME STREET ADDRESS				nam Stri	EET ADDRESS					
CITY-ST-ZIP	1				'-ST-ZIP					_,_
12. I hereby certify that the information supplied with this filling 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: Main My Anni Micah & Swell 11-11-05										
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICE										