## 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 143434** 

Title:

Name:

Address:

City-St-Zip:

( ) Delete

CHILDRESS, CHRISTINE M

2819 TIMBERWAY PL

BRANDON, FL 33511

FILED Oct 28, 2008 Secretary of State

Entity Name: DIMOND TAGER COMPANY					
Current Principal Place of Business:  2801 E. HILLSBOROUGH AVE TAMPA, FL 33610			New Principal Place	of Business:	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 11009 TAMPA, FL 33610 US					
FEI Number:	59-0530015	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CHARLTON, RAYMOND F 2402 COLLEGE HILL DR BRANDON, FL 33511 US  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.					
SIGNATURE: RAYMOND F. CHARLTON					
Electronic Signature of Registered Agent			<u> </u>	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () [ CHARLTON, RAY 2402 COLLEGE BRANDON, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPD (X) I RAYMOND, CHA 9908 BALAYE RI TAMPA, FL 336	JN DR APT #101	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RAYMOND F. CHARLTON PD 10/28/2008

(X) Change ( ) Addition

CHILDRESS, CHRISTINE M

2203 MORGANSIDE WAY

VALRICO, FL 33596