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TRANSMITTAL LETTER

| TO: | Registration S Division of C | | | | | | | | | | | |
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| SUBJ | FCT. | DIAMOND F | ŒSTORATI | ON, | INC. | | | | | | | |
| осы | EC1 | (| Name of co | rporat | tion - 1 | nust incl | ude suffi | x) | | | | |
| Dear S | ir or Madam: | | | | | | | | | | | |
| "Certif | closed "Applic icate of Exister t business in Fl | nce," and chec | | | | | | | | | o | |
| Please | return all corre | spondence cor | ncerning this | s matt | er to t | he follow | /ing: | | | | | |
| | | DORIS E. | BALLARD | | | | | | | | | |
| | - | | 1) | Vame | of Per | son) | | | | | _ | |
| | | BAECARD, | THOMPSON | & A | SSOC | IATES, | P.A. | | | | | |
| | | | (F | irm/C | Compa | ny) | | | | | _ | |
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| | | | | (Ad | dress) | | | | | | | |
| | | CHRISTIAN | | 197 | | | | | · | | _ | |
| | | _ | (Cit | //State | e and ? | Zip code |) | • | | | | |
| | ther informatio | | this matter, | | call: | | | | | SLOKE DAN PALLAHASSI | 04 SEP 24 APT 11:45 | _ |
| | RIS BALLAR | | at (_ | 302 | | 737-5 | | | | ئ ئىلىت | | |
| | (Name of Per | rson) | | (Area | a Code | e & Dayt | ime Telep | ohone Numb | er) | STATE | = -: 5 | _ |
| | STREET AD Registration S Division of Co 409 E. Gaines Tallahassee, F | Section orporations SSt. | | | | Re Di P.(| gistration vision of D. Box 63 | Corporation | | | | |
| Enclose | ed is a check fo | or the following | g amount: | | | | | | | | | |
| 5 \$70. | .00 Filing Fee | | Filing Fee & cate of Stati | | | 8.75 Fili ertified C | ng Fee & opy | Cer | | of Status | s & | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. | DIAMOND RESIGNATION, INC. |
|-------|--|
| | (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," |
| | "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") |
| | |
| | (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |
| 2. | DELAWARE 3. 91-2097680 |
| | (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. | 7/1/03 PERPETUAL |
| | (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| 6. | 10/15/04 |
| | (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) |
| 7. | 8 LEWIS CIRCLE, LEWIS COMMERCIAL CENTER, WILMINGTON, DE 19804 |
| | (Principal office address) |
| | 8 LEWIS CIRCLE, LEWIS COMMERCIAL CENTER, WILMINGTON, DE 19804 |
| | (Current mailing address) |
| 8. | FIRE WATER & RESTORATION SERVICE AND MOLD REMOVAL |
| | (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) |
| 9. | Name and street address of Florida registered agent: (P.O. Box NOT acceptable) |
| | |
| Offic | Mice Address: 17817 SE 158th COURT WEIRSDALE, Florida 32195 |
| | WEIRSDALE, Florida 32195 |
| | (City) (Zip code) |
| | |

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

| Chairman: | TIMOTHY MCCORMICK (SOLE DERECTOR) | |
|------------------|---|---|
| - | 1521 MONUGOMERY ROAD | |
| | WILMINGTON, DE 19804 | |
| Vice Chairm | man: | |
| Address: | | |
| — Director: | · | |
| | | |
| — Director: _ | | |
| | | |
| B. OFFIC | CERS | |
| resident: _ | TIMOTHY MCCORMICK (HOLDS ALL OFFICES) | |
| Address: | 1521 MONTGOMERY ROAD WILMINGTON, DE 19804 | |
| ice Preside/ | dent: | <u>در</u> چ |
| | LAHASSEI | SEP 24 A |
| Gecretary: _ | | 유 📑 |
| Address: | | - |
| | | |
| Address: | | |
| NOTE: If: | f necessary, you may attach an addendum to the application listing additional officers and/or direct | tors. |
| 13 | (Signature of Director or Officer listed in number 12 of the application) | |
| 14 | (Signature of Director of Officer listed in number 12 of the application) TIMOTHY MCCORMICK, PRESIDENT | |

(Typed or printed name and capacity of person signing application)



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIAMOND RESTORATION INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2004.



Warriet Smith Windson Sacretary of Strate

AUTHENTICATION: 3365752

DATE: 09-22-04

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