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ATX1

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P01000023349
1. Entity Name	
DIMAGI, INC	

FILED

09 JAN -6 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3621 W WATERS AVENUE Suite, Apt. #, etc.		3. Mailing Address 3621 W WATERS AVENUE Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33614	Country	Zip 33614	Country

REINSTATEMENT 08  
DO NOT WRITE IN THIS SPACE

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name THOMAS ECHARTE	
Street Address (P.O. Box Number is Not Acceptable) 9432 LARKBUNTING DR.	
City TAMPA	FL Zip Code 33614

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 signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THOMAS ECHARTE 9432 LARKBUNTING DR. TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700141493337 01/20/09--01057--015 **150.00
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12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	PRESIDENT	12/30/2008 Date	813-838-0514 Daytime Phone #
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**Dimagi, Inc**  
D/B/A

***GIO'S Italian Restaurant***

3621 W WATERS AVE TAMPA FLORIDA 33614

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December 12, 2008

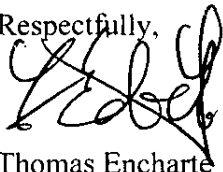
Uniform Business Report  
Division Of Corporations  
P. O. Box 6478  
Tallahassee, FL 32314

Re: Dimagi, Inc. UBR for 2008. Corporate Document Number P01000023349

Dear Sirs:

The Corporation moved at the end of 2007. As a result we did not receive a renewal notification. During the process of preparing our corporate income tax return it was noticed that our corporation had lapsed. Enclosed please find our payment of the annual corporate fee of \$150.00. We respectfully request that you abate the penalty.

Respectfully,



Thomas Encharte