2006 FOR PROFIT CORPORATION

	REINSTA	TEMENT			_			
DOCUMENT # P04000065931 1. Entity Name DIAMAGS, INC.					06 AUG 21 AM 10: 15			
Principal Plac	e of Business	Mailing Address						10
5615 E. POWHATAN AVE., SUITE D TAMPA, FL 33610		5615 E. POWHATAN AVE., SUITE TAMPA, FL 33610		TE D		74.1 A 7		TE TUA
Principal Place of Business 10426 Villa View Circle Suite, Apt. #, etc.		3. Mailing Address 10426 Villa View Cir Suite, Apt. #, etc.		Circle		TEME		111111 175-06
					KCHAIN DAR	it chius a a	PREE030 (11/03)	.0 = . = . = .
City & Stat		City & State			4. FEI Number	11/C	<u> </u>	plied For
Tampa,	Country	Tampa, FL	Cour	ntry	37-1489	760	¬ \$8.75 Add	t Applicable
33647	Country	33647	Cour	idy	5. Certificate of Status	Desired [Fee Required	
22041	6. Name and Address of Current			Ţ	7. Name and Address	of New Regis	tered Agent	-
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101				Name Jeffrey K. Brickner Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32301-2960				10426 Vi	lla View Circ	le		
			City			FL Zip Code 3364),	
The shave carried entity pulprite this statement for the purpose of changing its register.								
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: Registeryld Agent signature required when reinstating) Agent DATE								
			-	<u>- </u>				
FII	LE NOW!!! FEE IS \$900.00							
45	OFFICERS AND	DIDECTORS	11.		ADDITIONS/CHANGE	C TO OFFICE	SE AND DIRECTOR	1 IN 1 1 1
10.	PVTD	XX Delete	TITL		sident	S TO OFFICER	XXX Change	Addition
NAME	BRICKNER, STEVEN	XXI Delete	NAN		frey K. Brick	ner	XXXonange	Addition
STREET ADDRESS	5615 E. POWHATAN AVE., SUIT	TE D	STR		26 Villa View			
CITY-ST-ZIP	TAMPA, FL 33610		CITY	Y-ST-ZIP Tam	pa, FL 336	47		
TITLE		☐ Delete	IITL		9000	17011	Change	☐ Addition
NAME			NAA CTT	AE Eet adoress	08/25/06-		.011 ***900	-00
STREET AODRESS CITY-ST-ZIP				Y-ST-ZIP	99, 49, 99	0.4000	0 X 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	- 00
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NAME	!	L Deside	NAN	- 1				
STREET ADORESS				EET ADDRESS				
CITY-ST-ZIP			CITY	Y-ST-ZIP				
TITLE		☐ Delete	TITL				Change	Addition
NAME STREET AODRESS			AAM ate	AE EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ Delete	TITL	LE			☐ Change	☐ Addition
NAME	į		NAA	ME				
STREET ADDRESS	į			EET ADORESS				
CITY-ST-ZIP				Y-SI-ZIP	_			
TITLE		☐ Delete	TITL NAM				☐ Change	Addition
NAME				EET ADDRESS				
STREET ADDRESS								I
STREET ADDRESS CITY-ST-ZIP	İ		CIT	Y-ST-ZIP				į
CITY-ST-ZIP	certify that the information supplied with	n this filing does not qualify fo	r the ev	remotions contains	nd in Chapter 119, Florida	Statutes. I furth	ner certify that the in	formation
12. I hereby indicated of the column	d on this report or supplemental report is reporation or the receiver or trustee emp	s true and accurate and that r owered to execute this report	r the ex ny signa as requ	emptions containe	a same legal elfect as il ma	ade under oath:	that I am an officer	or airector
12. I hereby indicated of the column	t on this report or supplemental report is	s true and accurate and that r owered to execute this report	r the ex ny signa as requ	emptions containe	e same legal effect as if ma 07, Florida Statutes; and th	at my name ap	that I am an officer	or airector
12. I hereby indicated of the column	d on this report or supplemental report is reporation or the receiver or trustee emp t, or on an attachment with an address,	s true and accurate and that r owered to execute this report	r the ex ny signa as requ	emptions containe	e same legal effect as if ma 37, Florida Statutes; and th	at my name ap	that I am an officer	or airector

Jeffrey K. Brickner