


2006 FOR PROFIT CORPORATION REINSTATEMENT

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|--|---|---|---|--|--|
| DOCUMENT # P04000065931 1. Entity Name DIAMAGS, INC. | | | |  | |
| Principal Place of Business 5615 E. POWHATAN AVE., SUITE D TAMPA, FL 33610 | | | | Mailing Address 5615 E. POWHATAN AVE., SUITE D TAMPA, FL 33610 | |
| 2. Principal Place of Business 10426 Villa View Circle Suite, Apt. #, etc. | | 3. Mailing Address 10426 Villa View Circle Suite, Apt. #, etc. | | | |
| City & State Tampa, FL | | City & State Tampa, FL | | 4. FEI Number 37-1489468 | |
| Zip 33647 | Country | Zip 33647 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960 | | | | 7. Name and Address of New Registered Agent Name Jeffrey K. Brickner Street Address (P.O. Box Number is Not Acceptable) 10426 Villa View Circle City Tampa FL Zip Code 33647 | |
| 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 <u><i>Jeffrey K. Brickner</i></u> Jeffrey Brickner Registered Agent 8-15-06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$900.00 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVTD BRICKNER, STEVEN 5615 E. POWHATAN AVE., SUITE D TAMPA, FL 33610 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Jeffrey K. Brickner 10426 Villa View Circle Tampa, FL 33647 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900079126459 08/25/06--01029--011 **\$900.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Jeffrey K. Brickner</i></u> President 8-15-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

Jeffrey K. Brickner

B. Mitchell AUG 21 2006