

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 23 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032217

1. Corporation Name

DIAM TECH, INC.

Principal Place of Business

Mailing Address

515 EAST ALTAMONTE DRIVE  
~~SUITE 111~~ Suite #14  
ALTAMONTE FL 32701

515 EAST ALTAMONTE DRIVE  
~~SUITE 111~~ Suite #14  
ALTAMONTE FL 32701



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable |  | 3. New Mailing Office Address, If Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida  |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 04/24/1995   |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number  |  |
| Zip  |  | Country                                      |  | 59-3321419   |  |
|  |  |  |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |  |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) |                                      |  |  |
|---|--------------------------------------|--|--|
| 1. Title(s)   | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip                    |
| D   | TANASHIAN, HAGOP                     | 1696 GRANGE CIRCLE<br>716 Red Wing Circle  | LONGWOOD FL 32750<br>Lake Mary, FL 32746 |
| D   | TANASHIAN, VIRGINIA                  | 1696 GRANGE CIRCLE<br>716 Red Wing Circle  | LONGWOOD FL 32750<br>Lake Mary, FL 32746 |
|   |                                      |  |  |
|   |                                      |  |  |
|   |                                      |  |  |
|   |                                      |  |  |

|  |  |  |  |
|--|--|--|--|
| 8. Name and Address of Current Registered Agent  |  | 9. Name and Address of New Registered Agent  |  |
| TANASHIAN, HAGOP<br>515 EAST ALTAMONTE DR<br>SUITE 111 #14<br>ALTAMONTE SPRINGS FL 32701 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City<br>State<br>Zip Code |  |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **SIGNATURE REQUIRED** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)

20fz

11.19.98

Spoke to your dept.  
on 11.18.98  
Was told to send  
in \$50<sup>00</sup> - -

Never received the  
documentation -

Please note:

address was wrong...

Thank you.