


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -6 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 462419

1. Corporation Name

MSG CONSTRUCTION, INC.

REINSTATEMENT 00-03

2. Principal Office Address
P O BOX 361345
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Melbourne, FL 32936-6345

Zip 32936-6345 **Country** USA

10/27/03 01024 006 \$350.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2058262 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name DONALD STERNBERG

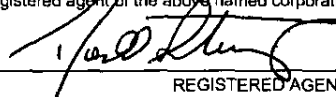
Street Address (P.O. Box Number is Not Acceptable) 822 SARNO ROAD

Suite, Apt. #, Etc. UNIT 3

City MELBOURNE **State** FL **Zip Code** 32935

000024103630
11/12/03-01014-001 \$850.00

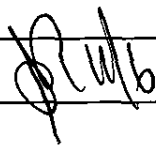
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN**

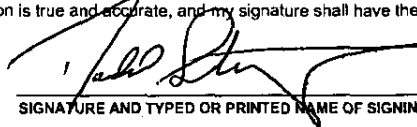
Date 11/3/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	STERNBERG, Donald	820 Sarno Rd., Unit 3	Melbourne, FL 32935
V	STERNBERG, L. Michael	820 Sarno Rd., Unit 3	Melbourne, FL 32935



10. 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:  **President** **321-254-7516**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E081 (10/02)