2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000003392

CHIO, LANNY J

1800 BELL ROAD

WOOSTER, OH 44691

Name:

Address:

City-St-Zip:

Entity Name: NU-WAY CONSTRUCTION, INC.

FILED Jan 23, 2009 Secretary of State

Littly Name: No-WAT CONSTRUCTION, INC.						
Current Pi	incipal Place	of Business:	New Princ	New Principal Place of Business:		
	AND ROAD R, OH 44691					
Current M	ailing Addres	s:	New Mailing Address:			
	AND ROAD R, OH 44691					
FEI Number:	34-0764780	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
4411 BEE I	ATE CREDIT 8 RIDGE ROAD A, FL 34233	INFORMATION BUREAU #257 US	1148 BRUS	CHIO, JASON P VP 1148 BRUSHED DUNE CIRCLE FREEPORT, FL 32439 US		
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE: JASON P	CHIO		01/23/2009		
	Electron	ic Signature of Registered Age	ent		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () CHIO, STEPHEI 9813 HINER RO WOOSTER, OH	AD	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	V () CHIO, JASON P 115 W MAIN ST JEROMESVILLE	REET	Title: Name: Address: City-St-Zip:	CHIO, JASON	D DUNE CIRCLE	
Title: Name: Address: City-St-Zip:	LIFER, JILL M 149 COUNTY R		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title:	c ()	Delete	Title	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JASON P. CHIO VP 01/23/2009