## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT **DOCUMENT#** 1. Corporation Name

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

F93000001730

MULTI-STATE CONSTRUCTION, INC.

11. I certify that I am an officer or director or the receiver of

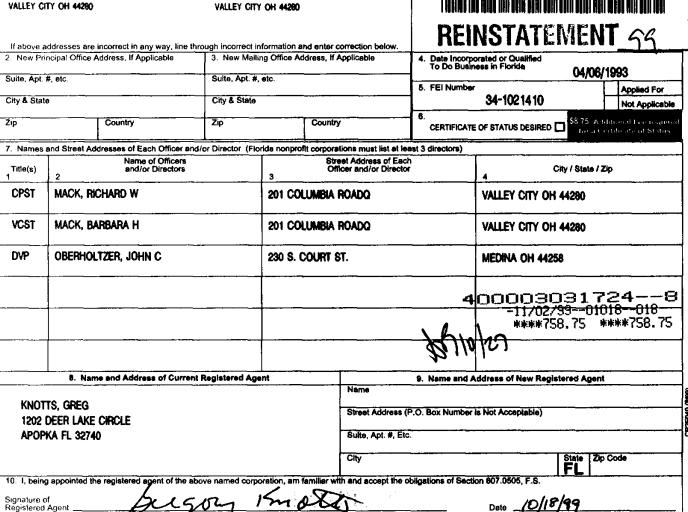
SIGNATURE:

Principal Place of Business

Malling Address

201 COLUMBIA ROAD VALLEY CITY OH 44280 201 COLUMBIA ROAD VALLEY CITY OH 44280 SECRETARY OF STATE OF STATE

99 OCT 21 AMII: 40



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

RED AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.