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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenn E. Hooper
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

03 NOV 24 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002406

Name and Mailing Address

0016274 01 MB 0.309 **AUTO TO 0 0615 44280-970601

MULTI-STATE CONSTRUCTION, LLC

201 COLUMBIA ROAD

VALLEY CITY OH 44280-9706

REINSTATEMENT



CR2E094 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

OH

5. Date Organized or Qualified
To Do Business in Florida

10/25/2001

Principal Place of Business

201 COLUMBIA ROAD
VALLEY CITY OH 44280

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

34-1021410

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

KNOTTS, GREG
1202 DEER LAKE CIRCLE
APOPKA FL 32740

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 11-13-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	NESPECA, BETSY	201 COLUMBIA RD.	VALLEY CITY OH 44280

300024992983
11/24/03--01125--004 **150.00

JB

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Betsy Nespeca

Date 11-7-03

Daytime Phone # 330-483-3111

Typed or printed name of signing Managing Member/Manager