



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/14/2005	200534703318	DOMESTIC/REINSTATEMENT (REN)	25.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

LAKE COUNTY MEDICAL SOCIETY
PO BOX 182
PAINESVILLE, OH 44077

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

173999

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

THE LAKE COUNTY MEDICAL SOCIETY, INC.

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

200534703318



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 8th day of December,
A.D. 2005.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ No PO Box 788
Columbus, OH 43216

REINSTATEMENT

(For Domestic or Foreign, Profit or Non-Profit)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) ☐ Reinstatement & Appointment of Agent (for failure to maintain a statutory agent) (108-REN)	(2) ☐ Reinstatement & Appointment of Agent for a Foreign Corporation (for failure to maintain a statutory agent) (111-FREA)	(3) ☒ Reinstatement of a Non-Profit Corporation (for failure to file a statement of continued existence) (108-RENN)
(4) ☐ Reinstatement of a Registered Partnership Having Limited Liability (for failure to file annual or biennial reports) (112-PLR) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR BIENNIAL REPORTS WITH FILING FEES		(5) ☐ Reinstatement of a Professional Corporation (for failure to file annual or biennial reports) (110-RENP) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR BIENNIAL REPORTS WITH FILING FEES

Complete ALL of the general information in this section for the box checked above.

Name of Entity Lake County Medical Society

Charter or Registration No. 173999

Cancellation Date The entity was canceled on (list date): June 23, 2002
(Date)

Complete the information in this section if box (1) or (2) is checked.

Name and Address of New Agent (if applicable) Mary Elyn Bove
(Name)
2161 Valley View Drive
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
Wickliffe Ohio 44092
(City) (State) (Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, Mary Elyn Bove, named herein as the Statutory agent for, Lake County Medical Society, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Mary Elyn Bove

(Statutory Agent)

REQUIRED

Must be authenticated (signed) by an authorized representative (See Instructions)

Authorized Representative

Date