



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/12/2006	200634502582	DOMESTIC/REINSTATEMENT (REN)	25.00	100.00	.00	.00	.00

Receipt

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

FIRESTONE MEMORIAL AMERICAN LEGION POST NO. 449, INC.
1090 KENMORE BLVD
AKRON, OH 44314

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**168215**

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

FIRESTONE MEMORIAL AMERICAN LEGION POST NO. 449, INC.

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

Document(s)
DOMESTIC/REINSTATEMENT

Document No(s):
200634502582



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 11th day of December,
A.D. 2006.

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) (109-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	Firestone Memorial American Legion Post 449, Inc.
Charter or Registration No.	168215
Cancellation Date	The entity was canceled on (list date): 5/17/06* (Date)

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

Name and Address of New Agent (if applicable)	(Name)
	(Street)
	NOTE: P.O. Box Addresses are NOT acceptable.
	Ohio
	(City) (State) (Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, _____, named herein as the Statutory agent for, _____, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____
(Statutory Agent)

REQUIRED

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

Authorized Representative

Date