



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/12/2006	200634503032	DOMESTIC/REINSTATEMENT (REN)	25.00	.00	.00	.00	.00

Receipt

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

A.P.D.V.E.I.A.
3105 HAMPTON ST NW
UNIONTOWN, OH 44685

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**636384**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE AKRON POLICE DEPARTMENT VOLUNTARY EMPLOYEES INSURANCE ASSOCIATION
and, that said business records show the filing and recording of:

Document(s)
DOMESTIC/REINSTATEMENT

Document No(s):
200634503032



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 AKRON POLICE DEPARTMENT VOLUNTARY EMPLOYEES INSURANCE ASSOCIATION

Charter or Registration No. 636384

Cancellation Date The entity was canceled on (list date): OCTOBER 2006
(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.

(City) _____ Ohio (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)

[Signature]
Authorized Representative

SEC/TRES.

Date

12-7-06