



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/12/2008	200816302854	DOMESTIC/REINSTATEMENT (REN)	25.00	.00	.00	.00	.00

Receipt

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

BROUSE MCDOWELL
388 SOUTH MAIN STREET
SUITE 500
AKRON, OH 44311

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**111884**

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

JEWISH COMMUNITY CENTER OF AKRON

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

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

200816302854

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 10th day of June, A.D.
2008.

Ohio Secretary of State

From: 3302538601 Page: 7/8 Date: 6/10/2008 10:23:15 AM



Prescribed by :

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

www.sos.state.oh.us

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

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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 Nonprofit)

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 Nonprofit 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	Jewish Community Center of Akron
Charter or Registration No.	111884
Cancellation Date	The entity was canceled on (list date): July 31, 20007 (Date)

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

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

June 10, 2008
Date