



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/18/2008	200816901252	DOMESTIC/REINSTATEMENT (REN)	25.00	.00	.00	.00	.00

Receipt

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

FAMILY SERVICES ASSOCIATION
184 SALEM AVE
DAYTON, OH 45406

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

232920

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

FAMILY SERVICE ASSOCIATION

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

Document(s)
DOMESTIC/REINSTATEMENT

Document No(s):
200816901252



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 16th day of June, A.D.
2008.

Ohio Secretary of State



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

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

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 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) (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 FAMILY SERVICE ASSOCIATION

Charter or Registration No. 232920

Cancellation Date The entity was canceled on (list date): May 28, 2008
(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)

Bonnie Pauer
Authorized Representative

June 11, 2008
Date