



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/29/2008	200830201758	DOMESTIC/REINSTATEMENT (REN)	25.00	.00	.00	.00	.00

Receipt

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

SHADY MAPLE FARMS
8215 BOPE RD
RUSHVILLE, OH 43150

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**512926**

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

SHADY MAPLE FARMS, INC.

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

Document(s)
DOMESTIC/REINSTATEMENT

Document No(s):
200830201758



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 28th day of October, A.D.
2008.

Ohio Secretary of State



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

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

RECEIVED

OCT 28 2008

THE UNDERSIGNED DESIRING TO FILE A:

SECRETARY OF STATE

(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 SHADY MAPLE FARMS INC

Charter or Registration No. 512926

Cancellation Date The entity was canceled on (list date): 10/01/2008
(Date)

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

Name and Address of New Agent (if applicable) NANCY R MYERS
(Name)
8215 BOPE RD
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

RUSHVILLE Ohio 43150
(City) (State) (Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, NANCY R MYERS, named herein as the Statutory agent for, SHADY MAPLE FARMS INC hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: *Nancy Myers*
(Statutory Agent)

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

Daniel K. Ryan Pres.
Authorized Representative

10/22/2008
Date