



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/23/2009	200902601270	DOMESTIC/REINSTATEMENT (REN)	25.00	.00	.00	.00	.00

Receipt

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

BIALOSKY + PARTNERS
2775 SOUTH MORELAND BLVD.
SHAKER SQUARE
CLEVELAND, OH 44120

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**270387**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE CLEVELAND CHAPTER OF THE CONSTRUCTIONS SPECIFICATIONS INSTITUTE
and, that said business records show the filing and recording of:

Document(s)
DOMESTIC/REINSTATEMENT

Document No(s):
200902601270



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 19th day of February,
A.D. 2009.

Ohio Secretary of State



**Form 525B Prescribed by the:
Ohio Secretary of State**

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

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)

Mail form to **one** of the following:

PO Box 1390
Columbus, OH 43216

☐ Expedite

*** Requires an additional fee of \$100 ***

PO Box 788
Columbus, OH 43216

☒ Non Expedite

REINSTATEMENT

Filing Fee: \$25

(CHECK ONLY ONE (1) BOX)

- (1) ☒ Reinstatement of a Nonprofit Corporation
(for failure to file a statement of
continued existence)
(109-RENN)

- (2) ☐ Reinstatement of a Limited Liability Partnership
(for failure to file biennial report(s))
(112-PLR)

THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT
BIENNIAL REPORT(S) AND FILING FEE(S)

- (3) ☐ Reinstatement of a Professional Corporation
(for failure to file biennial report(s))
(110-RENP)

THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT
BIENNIAL REPORT(S) AND FILING FEE(S)

Name of Entity The Cleveland Chapter of the Constructions Specifications Institute

Charter/Registration Number 270387

Cancellation Date

The entity was canceled on October 9, 2008

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

Must be
authenticated

(signed) by an

authorized

representative

(See Instructions)

Bruce M. Horton
Signature

2.14.2009
Date

BRUCE M. HORTON
Print Name

Signature

Date

Print Name