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| 02/24/2009 | 200905401400 | DOMESTIC/REINSTATEMENT (REN) | 25.00  | .00   | .00     | .00  | .00  |

**Receipt**

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

CALVARY CHAPEL OF CLEVELAND  
6770 BROOKPARK ROAD  
CLEVELAND, OH 44129

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jennifer Brunner****861240**

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

**CALVARY CHAPEL OF CLEVELAND**

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

Document(s)

**DOMESTIC/REINSTATEMENT**

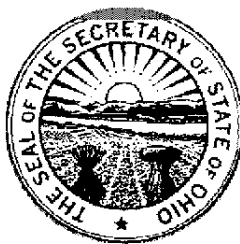
Document No(s):

**200905401400**

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 20th 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:

- ☐ Expedite PO Box 1390  
Columbus, OH 43216  
\*\*\* Requires an additional fee of \$100 \*\*\*
- ☒ Non Expedite PO Box 788  
Columbus, OH 43216

**RECEIVED**

**REINSTATEMENT**

Filing Fee: \$25

**FEB 20 2009**

(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

Calvary Chapel of Cleveland

Charter/Registration Number

861240

Cancellation Date

The entity was canceled on

12/26/2008

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)

Signature

James M. Bucher

Print Name

Signature

James C. DelMonte

Print Name

01/25/2009

Date

01/25/2009

Date