



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/02/2010	201015300350	DOMESTIC/REINSTATEMENT (REN)	25.00	.00		.00	.00

Receipt

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

RENDIGS FRY KIELY & DENNIS LLP
ONE W FOURTH ST STE 900
CINCINNATI, OH 45202-3688

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

228295

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

ZION LUTHERAN CHURCH OF MT. WASHINGTON, CINCINNATI, OHIO

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

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

201015300350



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 May, A.D.
2010.

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

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

ZION LUTHERAN CHURCH OF MT. WASHINGTON,
CINCINNATI, OHIO

Charter/Registration Number

228295

Cancellation Date

The entity was canceled on

5/19/10

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

FELIX J. GORA

Print Name

Signature

Print Name

Date

5/26/10

Date