



DATE 12/21/2010	DOCUMENT ID 201035400775	DESCRIPTION DOMESTIC/REINSTATEMENT (REN)	FILING 25.00	EXPED .00	PENALTY	CERT .00	COPY .00
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CRITCHFIELD, CRITCHFIELD & JOHNSTON, LTD
ATTN: KATHY M. WORKINGER
225 N. MARKET ST
WOOSTER, OH 44691

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

352368

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
LAKE BUCKHORN PROPERTY OWNERS ASSOCIATION, INC.

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

Document(s):
DOMESTIC/REINSTATEMENT

Document No(s):
201035400775



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 17th day of December,
A.D. 2010.

Ohio Secretary of State

From: 330 674 4469

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Date: 12/17/2010 4:05:13 PM


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

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

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Expedite this form: (select one)
Mail form to one of the following:

PO Box 1390
Columbus, OH 43216

☐ Expedite

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PO Box 788
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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)

RECEIVED
DEC 17 2010
SECRETARY OF STATE

Name of Entity Lake Buckhorn Property Owners Association, Inc.

Charter/Registration Number 352368

Cancellation Date

The entity was canceled on June 17, 2009

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

Jim Pore

Print Name

Signature

Print Name

Date

Date