



| DATE:      | DOCUMENT ID  | DESCRIPTION                  | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|------------------------------|--------|-------|---------|------|------|
| 05/23/2013 | 201314200817 | DOMESTIC/REINSTATEMENT (REN) | 25.00  | .00   |         | .00  | .00  |

**Receipt**

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

THE MATTHEW KELLY FOUNDATION  
2330 KEMPER LANE  
CINCINNATI, OH 45206

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted****CN7710**

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

**THE MATTHEW KELLY FOUNDATION**

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

Document(s)

**DOMESTIC/REINSTATEMENT**

Document No(s):

**201314200817****Effective Date: 05/22/2013**

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 23rd day of May, A.D.  
2013.

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.OhioSecretaryofState.gov  
Busserv@OhioSecretaryofState.gov

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

Regular Filing (non expedite)  
P.O. Box 788  
Columbus, OH 43216

Expedite Filing (Two-business day processing  
time requires an additional \$100.00).  
P.O. Box 1390  
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)

**Cancellation Date**

The entity was canceled on

- (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 Matthew Kelly Foundation

**Charter/Registration Number** CN7710

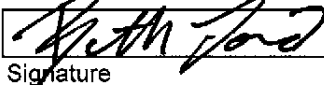
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**REQUIRED**

Reinstatement must  
be signed by an authorized  
representative. (see instructions  
for specific information)

If authorized representative  
is an individual, then they  
must sign in the "signature"  
box and print their name  
in the "Print Name" box.

If authorized representative  
is a business entity, not an  
individual, then please print  
the business name in the  
"signature" box, an  
authorized representative  
of the business entity must sign  
in the "By" box and print their name in the "Print Name" box.

  
Signature

By (if applicable)

Beth Ford

Print Name

Signature

By (if applicable)

Print Name

2013 MAY 22 PM 11:36