DOC ID ----> 201636402128

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/29/2016	201636402128	REINSTATEMENT (REN)	25.00	100.00	0.00	0.00	0.00

Receipt

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

BEECH BROOK
DEBRA REX
3737 LANDER ROAD
PEPPER PIKE, OH 44124

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
271238

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

BEECH BROOK

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

Document(s)	Document No(s):
REINSTATEMENT	**201636402128**

Effective Date: 12/27/2016

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 29th day of December, A.D. 2016.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201636402128

Form 525B Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE
Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

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

2016 DEC 27 PM 2:54

(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 Beech Brook

Charter/Registration Number 271238

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)

Signature

By (if applicable)

Debra Rex
Print Name

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

Signature

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.

By (if applicable)

Print Name