



DATE	DOCUMENT ID	DESCRIPTION	FILING	OVER PAYMENT	EXPED	CERT	COPY
03/29/2017	201708703892	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00	0.00

Receipt

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

BAILEY CAVALIERI LLC
10 WEST BROAD STREET, SUITE 2100
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
447002

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

FRIENDS OF WOSU

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

Document(s)

REINSTATEMENT

Document No(s):

201708703892

Effective Date: 03/28/2017



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 March, A.D. 2017.

Ohio Secretary of State

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

(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 MM/DD/YYYY
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(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)
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Name of Entity Friends of WOSU Charter/Registration Number 447002

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)

Print Name

Signature

By (if applicable)

Print Name