



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/05/2018	201802904756	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

GHANAIAN FRIENDSHIP ASSOCIATION, COLUMBUS
P. O BOX 105
BRICE, OH 43109

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
1395325

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

GHANAIAN FRIENDSHIP ASSOCIATION (COLUMBUS)

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

Document(s)

REINSTATEMENT

Document No(s):

201802904756

Effective Date: 01/29/2018



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
5th day of February, A.D. 2018.

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

For screen readers, follow instructions located at this path.

Reinstatement

Filing Fee: \$25
Form Must Be Typed

(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 06/18/2008

- (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** GHANAIAN FRIENDSHIP ASSOCIATION (COLUMBUS)**Charter/Registration Number** 1395325

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)

THOMAS ASANTE

Print Name

THOMAS ASANTE

Signature

By (if applicable)

Print Name