DOC ID ----> 201907902826

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/21/2019	201907902826	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

JESSICA POTTING
PO BOX 641
GROVE CITY, OH 43123

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
2211552

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

BUCKEYE BULLDOG RESCUE

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

Document(s)	Document No(s):
REINSTATEMENT	**201907902826**

Effective Date: 03/20/2019

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 21st day of March, A.D. 2019.

Ohio Secretary of State

DOC ID ----> 201907902826

Form 525B Prescribed by:

OFFICE OF THE
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

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 MM/DD/YYYY

(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 BUCKEYE BULLDOG RESCUE

Charter/Registration Number 2211552

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)

Jessica Potting
Signature

By (if applicable)

Jessica Potting
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.

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