DOC ID ----> 201910902144

| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | CERT | COPY |
|---|---|---|---|---|---|---|
| 04/22/2019 | 201910902144 | REINSTATEMENT (REN) | 25.00 | 100.00 | 0.00 | 0.00 |

**Receipt**

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

KINGDOM KNOWLEDGE FOUNDATION
3370 MCCUTCHEON CROSSING DRIVE
COLUMBUS, OH 43219

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Frank LaRose
**1958658**

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

KINGDOM KNOWLEDGE FOUNDATION

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

| Document(s) | Document No(s): |
|---|---|
| **REINSTATEMENT** | **201910902144** |

**Effective Date: 04/19/2019**

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 22nd day of April, A.D. 2019.

**Ohio Secretary of State**

DOC ID ----> 201910902144

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** KINGDOM KNOWLEDGE FOUNDATION

**Charter/Registration Number** 1958658

**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.

Regina R. Harper
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name