DOC ID ----> 202030201996

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/28/2020	202030201996	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

GBQ PARTNERS LLC
5580 MONROE STREET
SUITE 210
SYLVANIA, OH 43560

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
928413

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

SHABBIR M. HASHIM, D.D.S., INC.

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

Document(s)	Document No(s):
REINSTATEMENT	**202030201996**

Effective Date: 10/28/2020

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 28th day of October, A.D. 2020.

Ohio Secretary of State

DOC ID ----> 202030201996

Form 525B Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

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 10/14/2020

(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 SHABBIR M. HASHIM, D.D.S., INC.

Charter/Registration Number 928413

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.

Shabbir M. Hashim
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 202030201996

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name):*

Shabbir M. Hashim, DDS, Inc.

To the Attention of *(if necessary):*

Address: 3349 Executive Parkway, Suite A

City: Toledo

State: Ohio ZIP Code: 43606

Phone Number: 419-537-5000 E-mail Address: office@drhashim.com

☐ Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.

☐ Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

◉ **Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.

○ **Expedite Service 1:** By including an Expedite fee of $100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.

○ **Expedite Service 2:** By including an Expedite fee of $200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**

○ **Expedite Service 3:** By including an Expedite fee of $300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**

○ **Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of $50.00. The Preclearance will be complete within 1-2 business days.

DOC ID ----> 202030201996

Form 520 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

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

For screen readers, follow instructions located at this path.

Biennial Report
(Domestic, Professional Association, Domestic or Foreign LLP)
Filing Fee: $25
Form Must Be Typed

CHECK ONLY ONE (1) Box

(1) ☒ 2020 Indicate Year — Biennial Report of Professional Association (102-YRA) (even-numbered years)

List Profession: Dentist

(2) ☐ _____ Indicate Year — Biennial Report of Limited Liability Partnership (103-YRL) (odd-numbered years)

If foreign limited liability partnership, provide jurisdiction of formation: _____

Name of Entity: Shabbir M. Hashim, DDS, Inc.

Charter or Registration Number: 928413

Complete the information in this section if box (1) is checked

Shareholders of Professional Association
Authenticating this form constitutes a certification that all the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the profession that is listed above.

Name	Address
Shabbir M. Hashim	3349 Executive Parkway, Suite A, Toledo, OH 43606

Complete the applicable information in this section if box (2) is checked

Address of the partnership's chief executive office:

Mailing Address

City | State | Zip Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio:

Mailing Address

City | OH State | Zip Code

If the partnership does not have an office in Ohio, the name and address of the partnership's current agent for service of process:

Name of Agent

Mailing Address

City | State | Zip Code

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
Report must be signed by an officer of the professional association or partner or authorized representative of the partnership.

Shabbir M. Hashim
Signature

By (if applicable)

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

Print Name

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.

Instructions for Biennial Report

This form must be used to file a biennial report for a domestic (Ohio) professional association or a domestic or foreign limited liability partnership.

If you wish to file a biennial report for a domestic professional association, please select box 1. Pursuant to Ohio Revised Code §1785.06, a professional association must file a biennial report in each even-numbered year within thirty days after the thirtieth day of June. Please indicate the year of the filing in box 1. Also, indicate the professional service which must be the same professional service for which the association was organized.

If you wish to file a biennial report for a limited liability partnership, please select box 2. Pursuant to Ohio Revised Code §1776.83, a limited liability partnership must file a biennial report between the first day of April and the first day of July of each odd-numbered year. Please indicate the year of the filing in box 2. If the limited liability partnership is a foreign entity registered in Ohio, please also provide the jurisdiction of formation in the box.

Name of Entity and Charter or Registration Number
The name and charter or registration number of the professional association or limited liability partnership must be provided.

Professional Association Requirements
For professional associations only, please provide the names and addresses of all of the shareholders in the association. By completing this portion of the form, the corporation certifies that all of the shareholders in the association are duly licensed, certified, or otherwise legally authorized within Ohio to render the same professional service for which the association was organized.

Limited Liability Partnership Requirements
For limited liability partnerships only, please provide the street address of the partnership's chief executive office and, if the partnership's chief executive office is not in Ohio, provide the street address of any office of the partnership in this state. If the partnership does not have an office in Ohio, then provide the name and address of the partnership's current agent for service of process.

Additional Provisions
If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

Signature(s)
After completing all information on the filing form, please make sure that the form is signed by an authorized representative. If the entity is a professional association, the report must be signed by an officer of the association. If the entity is a limited liability partnership, the report must be signed by a partner or an authorized representative of the partnership.

****Note: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**