DOC ID ----> 202104001656

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/16/2021	202104001656	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

WALDHEGER COYNE CO. L.P.A.
1991 CROCKER RD STE 550
WESTLAKE, OH 44145

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
1143088

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

STEVEN P. GORDON, O.D., INC.

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

Document(s)	Document No(s):
REINSTATEMENT	**202104001656**

Effective Date: 02/09/2021

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 16th day of February, A.D. 2021.

Ohio Secretary of State

DOC ID ----> 202104001656

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 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 STEVEN P. GORDON, O.D., INC.

Charter/Registration Number 1143088

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)

Steven P. Gordon
Signature

By (if applicable)

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

DOC ID ----> 202104001656

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

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: OPTOMETRIST

(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: STEVEN P. GORDON, O.D., INC.

Charter or Registration Number: 1143088

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
STEVEN P GORDON	2928 SCARBOROUGH ROAD CLEVELAND HEIGHTS OH

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.

STEVEN P. GORDON, O.D.
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.