



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/15/2021	202125702732	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

LAKE COUNTY MEDICAL SOCIETY
ATTN: CARISA SMITH
8398 EAGLE RD.
KIRTLAND, OH 44094

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
173999

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE LAKE COUNTY MEDICAL SOCIETY, INC.

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

Document(s)
REINSTATEMENT

Effective Date: 09/14/2021

Document No(s):
202125702732



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
15th day of September, A.D. 2021.

Ohio Secretary of State

Form 525B Prescribed by:



Toll Free: 877.767.3453

Central Ohio: 614.466.3910

OhioSoS.gov

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

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

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

- (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 Lake County Medical Society

Charter/Registration Number 173999

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)

Carisa Smith

Print Name

Signature

By (if applicable)

Print Name