



| DATE       | DOCUMENT ID  | DESCRIPTION         | FILING | EXPED | CERT | COPY |
|------------|--------------|---------------------|--------|-------|------|------|
| 03/07/2023 | 202306601768 | REINSTATEMENT (REN) | 25.00  | 0.00  | 0.00 | 0.00 |

**Receipt**

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

FAMILY SERVICE ASSOCIATION  
2211 ARBOR BLVD  
MORaine, OH 45439

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**232920**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**FAMILY SERVICE ASSOCIATION**

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

Document(s)  
**REINSTATEMENT**

Document No(s):  
**202306601768**

**Effective Date: 03/07/2023**



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  
7th day of March, A.D. 2023.

**Ohio Secretary of State**

Form 525B Prescribed by:



Telephone: 877.767.3453

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Reinstatement

**Filing Fee: \$25****Form Must Be Typed****(CHECK ONLY ONE (1) BOX)**

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(1)</b> Reinstatement of a Nonprofit Corporation<br><input checked="" type="checkbox"/> (for failure to file a statement of continued existence)<br>(109-RENN)                                                                     | <b>(2)</b> Reinstatement of a Limited Liability Partnership (for failure to file biennial report(s))<br>(112-PLR)<br><br><b>Cancellation Date</b><br>The entity was canceled on <input type="text" value="MM/DD/YYYY"/><br><br>THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S) |
| <b>(3)</b> Reinstatement of a Professional Corporation<br><input type="checkbox"/> (for failure to file biennial report(s))<br>(110-RENP)<br><br>THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S) | <b>(4)</b> Reinstatement of a Tax Canceled<br><input type="checkbox"/> Corporation<br>(109-RENN)<br><br>THIS FORM MUST BE ACCOMPANIED BY THE CERTIFICATE OF TAX CLEARANCE FROM THE OHIO DEPARTMENT OF TAXATION                                                                                                      |

**Name of Entity** **Charter/Registration Number** 

**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)

  
Print Name  
Signature  
By (if applicable)  
Print Name