



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/16/2023	202322802628	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

THE FINANCIAL PLANNING ASSOCIATION OF CENTRAL OHIO
470 OLDE WORTHINGTON RD., STE 200
WESTERVILLE, OH 43082

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
1118041

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE FINANCIAL PLANNING ASSOCIATION OF CENTRAL OHIO

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

Document(s)
REINSTATEMENT

Document No(s):
202322802628

Effective Date: 08/16/2023



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
16th day of August, A.D. 2023.

Ohio Secretary of State

Form 525A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov**Reinstatement & Appointment of Agent**

For a Foreign or Domestic Corporation or Limited Liability Company

For Failure to Maintain a Statutory Agent

(108-REN) & (111-FREA)

Filing Fee: \$25**Form Must Be Typed**

Name of Entity	THE FINANCIAL PLANNING ASSOCIATION OF CENTRAL OHIO
Entity Number	1118041

Must complete this section

New Statutory Agent Name and Address

LAUREN SMIGELSKI

Name

2001 CROCKER ROAD, SUITE 510

Mailing Address

WESTLAKE

City

OH

State

44145

Zip Code

This section must be completed by domestic corporations and foreign and domestic limited liability companies.

Acceptance of Appointment

The Undersigned, , named herein as the
(Name of Statutory Agent)

Statutory agent for
(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

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 a corporate officer, or if a nonprofit corporation, then by an officer of three members in good standing. If a limited liability company, by one person authorized by the limited liability company.

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

Signature

By (if applicable)

Print Name

Form 525B Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.govFile 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) Cancellation Date The entity was canceled on THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)
(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)	(4) Reinstatement of a Tax Canceled Corporation ☐ (109-RENN) THIS FORM MUST BE ACCOMPANIED BY THE CERTIFICATE OF TAX CLEARANCE FROM THE OHIO DEPARTMENT OF TAXATION

Name of Entity Charter/Registration Number

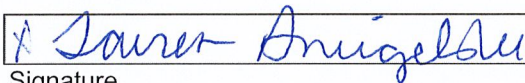
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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