



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/27/2023	202327002956	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC
4800 PAYNE AVENUE
CLEVELAND, OH 44103

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
359442

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICES, INC.

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

Document(s)
REINSTATEMENT

Document No(s):
202327002956

Effective Date: 09/27/2023



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
27th day of September, A.D. 2023.

Ohio Secretary of State

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 MM/DD/YYYY 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