



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/22/2024	202411302826	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

CENTER STREET COMMUNITY CLINIC
136 W CENTER STREET
MARION, OH 43302

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
852095

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
CENTER STREET COMMUNITY CLINIC, INC.

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

Document(s)
REINSTATEMENT

Document No(s):
202411302826

Effective Date: 04/22/2024



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
22nd day of April, A.D. 2024.

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) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)	(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