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|------------|--------------|---------------------|--------|-------|------|------|
| 09/19/2025 | 202526103540 | REINSTATEMENT (REN) | 25.00  | 0.00  | 0.00 | 0.00 |

**Receipt**

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

GRACE UNITED METHODIST CHURCH  
301 E. FINDLAY STREET  
CAREY, OH 43316

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose  
229236

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**THE GRACE UNITED METHODIST CHURCH OF CAREY, OHIO**

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

Document(s)  
**REINSTATEMENT**

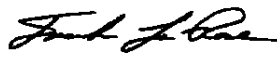
Document No(s):  
**202526103540**

Effective Date: 09/18/2025



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  
19th day of September, A.D. 2025.

  
Ohio Secretary of State

Form 525B Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Reinstatement

Filing Fee: \$25

Form Must Be Typed

2025 SEP 18 AM 10:39

(CHECK ONLY ONE (1) BOX)

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

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