

DATE: 02/05/2003

DOCUMENT ID 200303502476

DESCRIPTION DOMESTIC/REINSTATEMENT (REN)

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Receipt

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

MEADOWFARM UNITED METHODIST CHURCH 6015 COOPERMILL RD ZANESVILLE, OH 43701

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

317785

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

THE MEADOW FARM UNITED METHODIST CHURCH

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

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

200303502476



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 3rd day of February, A.D. 2003.

Quneth Bachenell

Ohio Secretary of State

THU OCT 31, 2002



11:35 AM

FROM: 6144663899

Prescribed by J. Kenneth Blackwell

Ohio Secretary of State Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

PAGE 2

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REINSTATEMENT

(For Domestic or Foreign, Profit or Non-Profit)

	Filing Fee \$25	5.00		
THE UNDERSIGNED DESIRING TO F	ILE A;			
(CHECK ONLY ONE (1) BOX)				
(1) Reinstatement & Appointment of Agent	(2) Reinstatement & Appointment of Agent for a Foreign Corporation		(3) Reinstatement of a Non-Profit Corporation	
(for failure to maintain a statutory agent) (108-REN)	(for failure to maintain a statutory agent) (111-FREA)		(for faiture to file a statement of continued existence) (109-RENN)	
(4) Reinstatement of a Registered P Limited Liability	artnership Having	for failure to file an	ement of a Professional Corporation nucl or biennial reports)	
(for failure to file annual or blennial reports) (112- THIS FORM MUST BE ACCOMPANIED BY ALL DEL REPORTS WITH FILING FEES	INQUENT ANNUAL OR STENNIAL		BE ACCOMPANIED BY ALL DELINQUENT A DRTS WITH FILING FEES	ANNUAL
Complete ALL of the general information	n In this section for the box ci	necked above.		
Name of Entity <u>Meadow</u>	V Farm United	method,	st church	
Charter or Registration No.	317785		,	
Cancellation Date The entity wa	s canceled on (list date):		5/6/97 (Date)	
Complete the Information in this section	if box (1) or (2) is checked.			
Name and Address of New Agent (if applicable)	(Name)	·····		20
	(Street)	NOTE: OA Ban	Addresses are NOT acceptable.	28
	(0000)	NOTE: P.U. BUX)	AUUTOSSUS BED NUT ECCEPTABLE.	F
	(City)		Ohio (State) (Zip Code)	t l
1	,		(· .
	ACCEPTANCE OF APP	OINTMENT	_	
The Undersigned, the Statutory agent for, hereby acknowledges and accepts the	appointment of statutory ag	ent for said ent	, named herein å).s U
Signature	·	(Statutory Ag	ient)	
REQUIRED Must be authenticated (signed) by an authorized representative (See Instructions)	Authorized Representativ	I Pasi		
-			50.0	

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Last Revised: May 2002