



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/01/2003	200312003606	DOMESTIC/REINSTATEMENT (REN)	25.00	.00	.00	.00	.00

Receipt

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

AVON UNITED METHODIST CHURCH
PO BOX 76
AVON, OH 440011

STATE OF OHIO**Ohio Secretary of State, J. Kenneth Blackwell****278866**

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

AVON UNITED METHODIST CHURCH

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

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

200312003606

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 30th day of April, A.D.
2003.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
☒ No PO Box 788
Columbus, OH 43216

REINSTATEMENT

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

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) <input type="checkbox"/> Reinstatement & Appointment of Agent (for failure to maintain a statutory agent) (108-REN)	(2) <input type="checkbox"/> Reinstatement & Appointment of Agent for a Foreign Corporation (for failure to maintain a statutory agent) (111-FREA)	(3) <input checked="" type="checkbox"/> Reinstatement of a Non-Profit Corporation (for failure to file a statement of continued existence) (109-RENN)
(4) <input type="checkbox"/> Reinstatement of a Registered Partnership Having Limited Liability (for failure to file annual or biennial reports) (112-PLR) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR BIENNIAL REPORTS WITH FILING FEES		(5) <input type="checkbox"/> Reinstatement of a Professional Corporation (for failure to file annual or biennial reports) (110-RENP) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR BIENNIAL REPORTS WITH FILING FEES

Complete ALL of the general information in this section for the box checked above.

Name of Entity Avon United Methodist Church

Charter or Registration No. Charter #278866

Cancellation Date The entity was canceled on (list date): October 04, 2002
(Date)

Complete the information in this section if box (1) or (2) is checked.

Name and Address of New Agent (if applicable)

(Name) _____

(Street) _____ NOTE: P.O. Box Addresses are NOT acceptable.

(City) Ohio (State) Ohio (Zip Code) _____

ACCEPTANCE OF APPOINTMENT

The Undersigned, _____, named herein as the Statutory agent for, _____ hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____
(Statutory Agent)

REQUIRED

Must be authenticated (signed) by an authorized representative (See Instructions)

Richard T. Swartz
Authorized Representative

Richard T. Swartz, Chair Trustee Comm.

April 23, 2003
Date