

DATE: 03/15/2005 DOCUMENT ID 200507302434

DESCRIPTION DOMESTIC/REINSTATEMENT (REN)

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EXPED

PENALTY

CERT

COPY

Receipt

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

WILIAM C. MURPHY 29 PUTNAM ROAD SW PATASKALA, OH 43062

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

651104

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

OCEAN XI FISHING CLUB

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

Document(s)

Document No(s):

DOMESTIC/REINSTATEMENT

200507302434



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 March, A.D. 2005.

Quneth Bachwell

Ohio Secretary of State

28/02/2005 09:41

800-441-1044

Jason Hess

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${\tt Prescribed} \ {\tt by} \ {\bm J.} \ {\bm Kenneth} \ {\bm Blackwell}$

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: (Balestone)

Hearn to gase of the Followins:

O Yes
Columbus, OH 43216

"Requires an additional fee of \$100"

O 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)	ROY				
(1) Reinstatement & Appointment of Agent (for failure to maintain a statutory agent) (108-REN)		(2) Reinstatement & Appointment of Agent for a Foreign Corporation (for failure to maintain a statutory agent) (111-FREA)		(3) Reinstatement of a Non-Profit Corporation (for failure to file a statement of continued existence) (109-RENN)	
(4) Reinstatement of a Limited Liability (for failure to file annual or bienr THIS FORM MUST BE ACCOM BIENNIAL REPORTS WITH FIL	iiel reports) (112-Pi PAN(ED BY ALL DI	LR)	(6) 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 gene	rel Information	n this section for the box o	hecked above.	_	
Name of Entity Charter or Registration No.		N XI FISHIN 651104		·····	
Cancellation Date The entity was canceled on (list date): /-/3 - 2 00.5					
Complete the Information	in this section if	box (1) or (2) is checked.		······	
Name and Address of New Agent (Vapplicable)		(Name)			
		(Street)	NOTE: P.O. Box	Addresses are NOT	acceptable.
		(City)		Ohlo (State)	(Zip Code)
ACCEPTANCE OF APPOINTMENT					
The Undersigned, the Statutory agent for, hereby acknowledges an	d accepts the ap				, named herein as
	Signature:		(Statutory A	gent)	
REQUIRED Must be authenticated (signal authorized represe (See Instructions)		Hilliam C TA Authorized Representati	urshy -	President	3-2-2005 Date
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