

DATE: 10/02/2007

DOCUMENT ID DESCRIPTION DOMESTIC/REINSTATEMENT (REN)

PENALTY .00 CERT

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HARRISBURG PILGRIM HOLINESS CHURCH 1150 COLUMBUS STREET **ORIENT, OH 43146**

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

558407

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

HARRISBURG PILGRIM HOLINESS CHURCH

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

Document(s)

Document No(s):

DOMESTIC/REINSTATEMENT

200727501508



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 2nd day of October, A.D. 2007.

Ohio Secretary of State



Prescribed by :

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

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

(CHECK ONLY ONE (1) BOX)

(for failure to maintain a statutory agent)

BIENNIAL REPORTS WITH FILING FEES

Limited Liability

of Agent

(108-REN)

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PO Box 1390 O_{Yes} Columbus, OH 43216

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REINSTATEMENT

(For Domestic or Foreign, Profit or Nonprofit) Filing Fee \$25.00 THE UNDERSIGNED DESIRING TO FILE A: (1) Reinstatement & Appointment (2) Reinstatement & Appointment of (3) ☑ Reinstatement of a Nonprofit Agent for a Foreign Corporation Corporation (for failure to maintain a statutory agent) (for failure to file a staten (111-FREA) (109-RENN) (4) Reinstatement of a Registered Partnership Having (5) Reinstatement of a Professional Corporation (for failure to file annual or biennial reports) (for failure to file annual or biennial reports) (112-PLR) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR (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 Harrisburg Pilgrim Holiness Church Name of Entity Charter or Registration No. 558407 **Cancellation Date** The entity was canceled on (list date): May 17, 2006

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. Ohio (City) (State) (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)

Authorized Representative

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Last Revised: May 2002