

DATE:

DOCUMENT ID DESCRIPTION 200727502318 DOMESTIC/REINSTATEMENT (REN)

PENALTY

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

RICHARD R. SMITH ET AL 2304 WRENSIDE LN KETTERING, OH 45440

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

374617

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

M.G. CAR CLUB--SOUTHWESTERN OHIO CENTRE, INC.

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

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

200727502318



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)

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

Expedite this Form: (Select One) Mail Form to one of the Followings PO Box 1390 \textbf{O}_{Yes} Columbus, OH 43216 *** Requires an additional fee of \$100 *** PO Box 788 \mathbf{O}_{No} Columbus, OH 43216

REINSTATEMENT

(For Domestic or Foreign, Profit or Nonprofit) Filing Fee \$25.00

THE UNDERSIGNED DE	ESIRING TO FILI	E A:			· · · · · · · · · · · · · · · · · · ·	
(CHECK ONLY ONE (1)) BOX)					
(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 Nonprofit Corporation (for failure to file a statement of continued existence) (109-RENN)		
(4) Reinstatement of a	a Registered Par	tnership Having	(5) Reinstat	ement of a Pro	fessional Corporation	
Limited Liability			(for failure to file annual or biennial reports)			
(for failure to file annual or bien THIS FORM MUST BE ACCON BIENNIAL REPORTS WITH FIL	MPANIED BY ALL DE	.R) ELINQUENT ANNUAL OR		(110-RENP) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR BIENNIAL REPORTS WITH FILING FEES		
Complete ALL of the gen	eral information is	n this section for the box o	hecked above.			
Name of Entity	M.G. Car Clu	ıb - Southwestern Oh	io Centre, Inc.			
Charter or Registration No.		374617	 			
Cancellation Date	The entity was	entity was canceled on (list date): September 24, 2007 (Date)				
Complete the information	in this section if i	box (1) or (2) is checked.				
Name and Address of		,	_			
New Agent (if applicable)		(Name)			 -	
		(Street)	NOTE: P.O. Box A	Addresses are NO	T acceptable.	
				Ohio		
		(City)		(State)	(Zip Code)	
		ACCEPTANCE OF AP	POINTMENT			
The Undersigned, the Statutory agent for,					_, named herein as	
	d accepts the ap	pointment of statutory ag	ent for said entity	/.		
	Signature:					
			(Statutory Ag	ent)		
REQUIRED Must be authenticated (s by an authorized represe (See Instructions)	• ,	Authorized Representativ	ve		9/27/07 Date	