



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/10/2008	200801000544	DOMESTIC/REINSTATEMENT (REN)	25.00	.00	.00	.00	.00

**Receipt**

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

ROBERTA GREEN  
727 E. 95TH STREET  
CLEVELAND, OH 44108

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jennifer Brunner****617376**

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

**THE DAYSPRING MISSIONARY BAPTIST CHURCH, INC.**

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

Document(s)

**DOMESTIC/REINSTATEMENT**

Document No(s):

**200801000544**

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 4th day of January, A.D.  
2008.

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 Following:

- ☐ 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 Nonprofit)  
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 Nonprofit 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 Day Spring Missionary Baptist Church, Inc.

Charter or Registration No. 617376

Cancellation Date The entity was canceled on (list date): 11-13-2007  
(Date)

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

Name and Address of New Agent (if applicable)

(Name) \_\_\_\_\_

(Street) \_\_\_\_\_

(City) \_\_\_\_\_

Ohio  
(State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

NOTE: P.O. Box Addresses are NOT acceptable.

**ACCEPTANCE OF APPOINTMENT**

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

Signature: \_\_\_\_\_  
(Statutory Agent)

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

Robert Green  
Authorized Representative

12-10-07  
Date