

DATE: 01/10/2008

DOCUMENT ID DESCRIPTION
200801000808 DOMESTIC/REINSTATEMENT (REN)

PENALTY

Receipt

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

MID AMERICAN AG & HORT SERVICES, INC. PO BOX 182383 COLUMBUS, OH 43218-2383

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1210808

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

MID AMERICAN AG & HORT SERVICES, INC.

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

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

200801000808



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:

 $\mathbf{O}_{\mathsf{Yes}}$

Yes 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)				~0	
(1) Reinstatement & Appointment or regent (for failure to maintain a statutory agent) (108-REN)	Agent for a Forei (for failure to maintain a statu (111-FREA)	(2) Reinstatement & Appointment of Agent for a Foreign Corporation (for failure to maintain a statutory agent) (111-FREA)		statement of a Nonprofit oration le a statement of continued (109-RENN)	
(4) Reinstatement of a Registered Limited Liability	Partnership Having	· · · =		ement of a Professional Corporation anual or biennial reports)	
(for failure to file annual or biennial reports) (11 THIS FORM MUST BE ACCOMPANIED BY AL BIENNIAL REPORTS WITH FILING FEES	2-PLR) L DELINQUENT ANNUAL OR	(110-RENP) THIS FORM MUST	NP) RM MUST BE ACCOMPANIED BY ALL DELINQUENT; OR BIENNIAL REPORTS WITH FILING FEES		
Complete ALL of the general information	on in this section for the box	checked above.		**************************************	
	Ag & Hort Service				
Charter or Registration No.	1210808			59	
Cancellation Date The entity v	vas canceled on (list date):		11/20/07		
				(Date)	
Complete the information in this section	n 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 A	PPOINTMENT			
The Undersigned,the Statutory agent for,		· · · · · · · · · · · · · · · · · · ·		, named herein as	
hereby acknowledges and accepts the	appointment of statutory ag	ent for said entity			
Signatu	re:				
		(Statutory Ag	ent)		
REQUIRED Must be authenticated (signed) by an authorized representative (See Instructions)	Authorized Representati	Uh		12-10-07	

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Last Revised: May 2002