

DATE: 01/29/2008 DOCUMENT ID 200802802506

DESCRIPTION DOMESTIC/REINSTATEMENT (REN)

FILING

EXPED 00 PENALTY .00

CERT

COPY

Receipt

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

CARDINGTON BAPTIST TEMPLE P.O. BOX 125 CARDINGTON, OH 43315

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

352092

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

CARDINGTON BAPTIST TEMPLE

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

Document(s)

Document No(s):

DOMESTIC/REINSTATEMENT

200802802506



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 23rd 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)					
O _{Yes}	PO Box 1390				
	Columbus, OH 43216				
*** Requires an additional fee of \$100 ***					
Ø _{No}	PO Box 788				
	Columbus, OH 43216				

REINSTATEMENT

(For Domestic or Foreign, Profit or Nonprofit)

,	Filing Fee \$2	25.00		\$ et .	
THE UNDERSIGNED DESIRING TO	FILE A:			· S	
(CHECK ONLY ONE (1) BOX)			,		
(1) Reinstatement & Appointment of Agent (for failure to maintain a statutory agent) (108-REN)	Agent for a Foreig	(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 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) 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 informati	on in this section for the box (hecked above.			
Name of Entity	irdington Ba	aptist -	Temple		
Charter or Registration No. Cancellation Date The entity was a second content of the content of	352092 vas canceled on (list date):		August	+ 7,2006	
			U (Date		
Complete the information in this section	n if box (1) or (2) is checked.	J	· · · · · · · · · · · · · · · · · · ·		
Name and Address of New Agent (if applicable)	(Name)				
	(Street)	NOTE: P.O. Box	ddresses are N	OT acceptable.	
			Ohio		
	(City)		(State)	(Zip Code)	
	ACCEPTANCE OF AF	POINTMENT			
The Undersigned, the Statutory agent for, hereby acknowledges and accepts the	a annointment of etalutory an	ant for eaid antih		, named herein as	
		on to said only	y .		
Signatu	ire:	(Statutory Ac	rent)	···	
REQUIRED Must be authenticated (signed) by an authorized representative (See Instructions)	Authorized Representati	dim	EII	31-22-08 Date	
525	Page 1 of 1			Last Davis and Mer. 2000	