



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/01/2012	201230600716	REINSTATEMENT (REN)	25.00	.00		.00	.00

Receipt

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

AUSTINTOWN CHAPTER 4339
90 VIAL RD
AUSTINTOWN, OH 44515

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

743014

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

AUSTINTOWN CHAPTER #4339 OF AARP, INC.

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

Document(s):
REINSTATEMENT

Document No(s):
201230600716



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 1st day of November, A.D.
2012.

Ohio Secretary of State


**Form 525B Prescribed by the:
Ohio Secretary of State**

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

www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Reinstatement

Filing Fee: \$25
(CHECK ONLY ONE (1) BOX)

- (1) ☒ Reinstatement of a Nonprofit Corporation
(for failure to file a statement of continued
existence)
(109-RENN)

- (2) ☐ Reinstatement of a Limited Liability Partnership
(for failure to file biennial report(s))
(112-PLR)

THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL
REPORT(S) AND FILING FEE(S)

Cancellation Date

The entity was canceled on 10/4/2012

- (3) ☐ Reinstatement of a Professional Corporation
(for failure to file biennial report(s))
(110-RENP)

THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND
FILING FEE(S)

Name of Entity

AUSTINTOWN CHAPTER #4339 of AARP Inc.

Charter/Registration Number

743014

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the
requisite authority to execute this document.

REQUIRED

Reinstatement must
be signed by an authorized
representative. (see instructions
for specific information)

If authorized representative
is an individual, then they
must sign in the "signature"
box and print their name
in the "Print Name" box.

If authorized representative
is a business entity, not an
individual, then please print
the business name in the
"signature" box, an
authorized representative
of the business entity must sign
in the "By" box and print their name in the "Print Name" box.

Patricia Miller, president
Signature

By (if applicable)

PATRICIA MILLER
Print Name

Signature

By (if applicable)

Print Name

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