

DATE: 02/12/2013 DOCUMENT ID 201304201272 DESCRIPTION REINSTATEMENT (REN) FILING

EXPED

PENALTY

CERT

COP

Receipt

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

CRAWFORD COUNTY SPORTSMEN AND GUN CLUB ATTN: STEWART MYERS P.O. BOX 252 GALION, OH 44833

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

301587

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

CRAWFORD COUNTY SPORTSMEN AND GUN CLUB, INC.

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

Document(s):

REINSTATEMENT

Document No(s):

201304201272



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 11th day of February, A.D. 2013

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
Ellin v. E 605

FFR 112013

	Filing	g Fee: \$25	7ED 112013
(CHECK ONLY ONE (1) BOX)			SECRETARY OF STATE
(1) Reinstatement of a Nonprofit Corporation (for failure to file a statement of continued existence) (109-RENN)		(2) Reinstatement of a (for failure to file b (112-PLR) THIS FORM MUST BE ACCOMPANIED B REPORT(S) AND FILING FEE(S)	
		Cancellation Date The entity was canceled on	
THIS FOI FILING F	(for failure to file (110-RENP) RM MUST BE ACCOMPANIED (a Professional Corporation biennial report(s)) BY ALL DELINQUENT BIENNIAL REPORT(S) AND
Name of Entity Crawford Co.	unty Sportsmen and Gun	Club, Inc.	
Charter/Registration Number	301587		
By signing and submitting this forr requisite authority to execute this		State, the undersigned hereby cert	ifies that he or she has the
REQUIRED Reinstatement must be signed by an authorized representative. (see instructions for specific information)	Signature By (if applicable)	al	
If authorized representative is an individual, then they must sign in the "signature" box and print their name	TPmes D. Sm.	1744	
in the "Print Name" box. If authorized representative	Signature		
is a business entity, not an individual, then please print the business name in the	By (if applicable)		
"signature" box, an authorized representative of the business entity must sign in the "By" box and print their nan	Print Name ne in the "Print Name" box	ζ.	_
Form 525B	Page		Last Revised: 2/6/12