

DATE: 03/27/2013 DOCUMENT ID 201308501565 DESCRIPTION DOMESTIC/REINSTATEMENT (REN) FILING 25.00 XPED PENAL

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

JOSHUA D HOWARD ESQ PO BOX 1505 PORTSMOUTH, OH 45662

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

995752

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

CONSUMERS HELPING CONSUMERS, INC.

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

Document(s):

Document No(s):

DOMESTIC/REINSTATEMENT

201308501565

Effective Date: 03/25/2013

STATE OF THE PARTY OF THE PARTY

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 27th day of March, 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

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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 Partnersh (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
THIS FO	(for failure to file (110-RENP) RM MUST BE ACCOMPANIED	f a Professional Corporation biennial report(s)) BY ALL DELINQUENT BIENNIAL REPORT(S) AND
Name of Entity Consumer	rs Helping Consumer	s, Inc.
Charter/Registration Number	995752	
equisite authority to execute this REQUIRED Reinstatement must		f State, the undersigned hereby certifies that he or she has the
ne signed by an authorized epresentative. (see instructions or specific information)	By (if applicable)	
authorized representative s an individual, then they nust sign in the "signature" ox and print their name n the "Print Name" box.	Dennis Percell, Print Name	RECEIVED
	Signature	MAR 25 20
f authorized representative s a business entity, not an ndividual, then please print he business name in the	By (if applicable)	SECRETARY OF
signature" box, an authorized representative of the business entity must sign n the "By" box and print their nan	Print Name ne in the "Print Name" box	·.
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