

DATE: 04/24/2013 DOCUMENT ID 201311301344

DESCRIPTION DOMESTIC/REINSTATEMENT (REN)

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Receipt

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

THE STEEPLECHASE HOMEOWNERS ASSOCIATION OF MUNRO ATTN V EARLEY 481 BUTTEVANT DR MUNROE FALLS, OH 44262

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted 854493

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

THE STEEPLECHASE HOMEOWNERS ASSOCIATION OF MUNROE FALLS, INC.

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

Document(s)

Document No(s):

DOMESTIC/REINSTATEMENT

201311301344

Effective Date: 04/22/2013



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 24th day of April, A.D. 2013.

Ohio Secretary of State

Jon Husted



Form 525B Prescribed by the: Ohlo 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:

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Reinstatement

1.0111011110111			
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 (for failure to file bid (112-PLR) THIS FORM MUST BE ACCOMPANIED BY REPORT(S) AND FILING FEE(S) Cancellation Date The entity was canceled on	2
THIS FOR	(for failure to file to (110-RENP) RM MUST BE ACCOMPANIED E	a Professional Corporation piennial report(s)) BY ALL DELINQUENT BIENNIAL REPORT(S	AND
Name of Entity The She	eggle chaze Home	owners Association & Ma	mave Falls Inc
Charter/Registration Number	854493		
By signing and submitting this form requisite authority to execute this		State, the undersigned hereby certification	es that he or she has the
REQUIRED Reinstatement must be signed by an authorized representative. (see instructions	Signature	oley	
for specific information)	By (if applicable)		
If authorized representative is an Individual, then they must sign in the "signature" box and print their name in the "Print Name" box.	VENUS Earle Print Name	4	
If authorized representative is a business entity, not an	Signature		
individual, then please print the business name in the "signature" box, an	By (if applicable)		
authorized representative of the business entity must sign in the "By" box and print their nam	Print Name ne in the "Print Name" box.		
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